#### INDIANA COMMISSION ON PROPRIETARY EDUCATION

Board of Commissioners Meeting Memorandum

**Date:** September 12, 2007

**From:** Jeff Weber, Commissioner

Subject: STUDENT REFUND CLAIM VALIDATIONS: CENTER FOR VITAL

**LIVING** 

#### **Staff Recommendation**

The commission staff recommends that Student refund claims against Center for Vital Living, Fort Wayne, Indiana, be paid in accordance with IC 21-17-3-24, IC 21-17-3-25 and 570 IAC 1-14-11, and as noted in the supporting documentation. Total of all claims is \$51,488.09 with \$37,721.55 to be paid through surety bonds and \$13,766.54 to be paid by the Career College Student Assurance Fund (CCSAF).

• Bond 793339 (6/5/2002-6/5/2003)

Amount of Bond: \$14,205

1 claim @ \$379.84 to be paid from Bond Residual surety after claims: \$13,825.16

• Bond 793339 (6/5/2003-6/5/2004)

Amount of Bond: \$17,073

4 claims @ \$3,190.50 to be paid from Bond Residual surety after claims: \$13,882.50

• Bond 793339 (6/5/2004-6/5/2005)

Amount of Bond: \$17,149

2 claims @ \$3,596.54 to be paid from Bond Residual surety after claims: \$13,552.46

• Bond 793339 (6/5/2005-6/5/2006)

Amount of Bond: \$18,551 11 claims @ \$32,317.54

To be paid from Bond: \$18,551.00 To be paid from CCSAF: \$13,766.54 Residual surety after claims: \$0

• Bond 793339 (6/5/2006-6/5/2007)

Amount of Bond: \$16,136

19 claims @ \$12,003.67 to be paid from Bond

Residual surety after claims: \$4,132.33

#### **Background Information**

The Center for Vital Living (CVL), Fort Wayne, Indiana, notified Commission staff in April, 2007 that the school would be closing. Through conversation with staff, CVL agreed that they would no longer accept new students and would engage in a teach-out of existing students to the extent possible. It was further agreed that, by student consent, CVL could award a diploma or degree if the student met all regulatory criteria, even if the instructional hours fell short of the original contracted amount. In the case of students eligible for completion, costs have been pro-rated for the total hours of instruction received, resulting in a refund or reduction of financial obligation for undelivered instruction. Staff and CVL felt that this was a good solution, allowing students to receive their credential, rather than starting over with no guarantee of transfer.

Students who were not eligible for the teach-out, due to the fact that they were not far enough along in their instructional program, have been presented for validation of a full refund.

All teach-out activity was completed by July 1, 2007, through an agreement between CVL and Commission staff.

#### **Supportive Documentation**

1. Claim Documentation

#### Indiana Commission on Proprietary Education

# Center for Vital Living, Fort Wayne, IN Refund Claim Summary

September 12, 2007

#### **SUMMARY**

Bond #: 793339

Surety Company: Capitol Indemnity Corporation

Bond Period Start Date: 5-Jun-2002
Bond Period End Date: 5-Jun-2007
TOTAL Amount of Surety: \$83,114.00
TOTAL Amount of Claims: \$51,488.09
TOTAL To be paid by Surety: \$37,721.55
TOTAL To be paid by CCSAF: \$13,766.54
TOTAL Remaining Surety: \$45,392.45



#### Indiana Commission on Proprietary Education

# Center for Vital Living, Fort Wayne, IN Refund Claim Summary

September 12, 2007

Bond #: 793339

Surety Company: Capitol Indemnity Corporation

Bond Period Start Date: 5-Jun-2002
Bond Period End Date: 5-Jun-2003
Amount of Surety: \$ 14,205.00
Amount of Claims: \$ 379.84
To be paid by Surety: \$ 379.84
To be paid by CCSAF: \$ -

Remaining Surety: \$ 13,825.16

Student Claimant(s)	Contract Date	Last Attended	Graduate	Amount Paid	Obligation	Refund
Turner, Kelli R.	5-May-2003	10/20/2006	Yes	\$ 11,125.00	\$ 10,745.16	\$ 379.84



**Attach Power of Attorney** 

#### INDIANA COMMISSION ON PROPRIETARY EDUCATION

	Bond No. 793339
KNOW ALL MEN BY THESE PRESENTS:  Center for Vital Living Inc. dba Vibrant Life Re	XXI IVYY
mat we, Sept. of withistic Health	, of the City
	, as Principal, and
	oration organized under the laws of the State of
	t business in the State of Indiana, as Surety, are held
and firmly bound unto the State of Indiana, as Obligee, in the plawful money of the United States, for which payment, well and	
executors, administrators, successors and assigns, jointly and	
, , , , , , , , , , , , , , , , , , ,	corolany, mining by anoco procession
WHEREAS, the above bounden Principal has obtained or is	about to obtain from the said Obligee accreditation to
operate an educational institution pursuant to Indiana Code	, Title 20, Article 1, Chapter 19, and the term of said
accreditation is effective:	
Beginning the <u>5th</u> day of <u>June</u> 2002, and E	nding the <u>5th</u> day of <u>June</u> , <u>2003</u>
WHEREAS, the Principal is required by Indiana Code, Title 20	Article 1 Chanter 19 Section 8 to file with the Indiana
Commission on Proprietary Education for the above indicated	I term and conditioned as hereinafter set forth, a surety
bond to provide indemnification to any student or enrollee who	shall suffer loss or damage as a result of the Principal
having failed or neglected to faithfully perform all agreements,	express or otherwise, with the student, enrollee, or the
parents or guardians thereof as represented by the applicati	on for the accreditation and the materials submitted in
support of that application, or as a result of having failed or ne	eglected to maintain and operate a course or courses of
instruction or study in compliance with the standards of Indiana	1 Code, Title 20, Article 1, Chapter 19.
NOW, THEREFORE, THE CONDITION OF THIS OBLIGATIO	N IS SUCH, that if the above bounder Principal as such
accredited institution shall indemnify said Obligee against all	loss, cost, expenses, or damage to it caused by said
Principal's noncompliance with or breach of any law, statute	es, ordinances, rules or regulations pertaining to such
accreditation issued to the Principal, which said breach or non	compliance shall occur during the aforementioned term
of said accreditation, and shall further provide indemnification	on to any student or enrollee who shall suffer loss or
damage as a result of the Principal having failed or negle	cted to faithfully perform all agreements, express or
otherwise, with the students, enrollee, or the parents or guar	dians thereof as represented by the application for the
accreditation and materials submitted in support of that appl maintain and operate a course or courses of instruction or st	udy in compliance with the standards of Indiana Code
Fitle 20, Article 1, Chapter 19, then this obligation shall be void,	otherwise to remain in full force and effect
· · · · · · · · · · · · · · · · · · ·	outorwise to remain in rail force and enest.
PROVIDED, that recovery under this bond shall be governed	d by applicable statutory procedure and by applicable
egulations promulgated by the Commission on Proprietary Edu	ucation.
PROVIDED FURTHER, that this bond may be concelled by the	Surety as to subsequent liability by giving thirty (20)
PROVIDED FURTHER, that this bond may be cancelled by the lays notice in writing to said Obligee.	le Surety as to subsequent hability by giving trinty (30)
especial and manifest of the same of the s	
Signed, sealed and dated the	5th day of June 2002
SURETY SEAL	Cetner for Vital Living Inc. dba
	Vibrant Life Resources School
	of Wholistic Health
Capitol Indemity Corporation	
Surety	// Principal
By Tamel dy Mg	OLD BY Plan & Man
D-1-1-1/4	Chief Administrative Officer
raticia Y. Majors, Attorney-in-Fact Cattach Power of Attorney	Chief Administrative Officer
•	the term and a state of the term of the terms of the term

JUN 0 7 2002



# NDEMNITY CORPORATION

4610 UNIVERSITY AVENUE, SUITE 1400, MADISON, WISCONSIN 53705-0900 PLEASE ADDRESS REPLY TO P.O. BOX 5900, MADISON, WI 53705-0900 PHONE (608) 231-4450 • FAX (608) 231-2029

#### **POWER OF ATTORNEY**

No. 596920

Know all men by these Presents, That the CAPITOL INDEMNITY CORPORATION, a corporation of the State of Wisconsin, having its principal offices in the City of Madison, Wisconsin, does make, constitute and appoint HELEN P. PARKER, JAMES A. ROE, ALLEN J. GRAU OR PAMELA Y. MAJORS -----

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of CAPITOL INDEMNITY CORPORATION at a meeting duly called and held on the 5th day of May 1960:

"RESOLVED, that the President, and Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointed to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

IN WITNESS WHEREOF, the CAPITOL INDEMNITY CORPORATION has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested by its Secretary, this 1st day of June, 1999.

MINIMI

Attest:

Virgiline M. Schulte, Secretary

suretyship executed under this authority shall exceed in amount the sum of

STATE OF WISCONSIN COUNTY OF DANE

CAPITOL INDEMNITY CORPORATION

On the 1st day of June, A.D., 1999, before me personally came George A Fait, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Dane, State of Wisconsin; that he is the President of CAPITOL INDEMNITY CORPORATION, the corporation described in and which executed the above instrument, that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

STATE OF WISCONSIN COUNTY OF DANE



Jane F. Endres Notary Public, Dane Co., WI My Commission Expires March 23, 2003

CERTIFICATE

authitititi

I, the undersigned, duly elected to the office stated below, now the incumbent in CAPITOL INDEMNITY CORPORATION, a Wisconsin Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Madison. Dated the

JUN 0 7 2002

SEAL INDIANA COMMISSION ON

day of

PROPRIETARY EDUCATION

This power is valid only if the power of attorney number printed in the upper right hand corner apears in red. Photocopies, carbon copies

This power is valid only if the power of attorney number printed in the upper right hand corner apears in red. Photocopies, carbon copies or other reproductions are not binding on the company. Inquiries concerning this power of attorney may be directed to the Bond Manager at the

#### Final Payment / Refund Acceptance Agreement

STUDENT NAME: Turner, Kelli R.

Student Date of Birth: 12/7/62

Phone: 260-925-5729

Address: 5985 CR 427

Auburn, IN 46706

Enrollment Date: 5/5/03 First Day of Class: 6/11/03

Last Date Attended: 10/20/06

Graduation Date: 6/10/07

Program Enrolled: AAS: Therapeutic Massage and Bodywork (full-time)

Program Completed: AAS: Therapeutic Massage and Bodywork (full-time)

Price per contact hour: \$

Total Hours Completed: 1186

Total Cost to Student (instructional): \$ 10,745.16

Book Refund due Student:

Retain Enrollment Fee:

NET Cost to Student: \$ 10,745.16

Total Amount Paid: \$ 11,125.00

REFUND DUE to STUDENT: \$ 379.84

PAYMENT DUE to SCHOOL:

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career

College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

STUDENT

8-4-07

wrec 8/4/07)

#### CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY

Westland Centre, 6109 West Jefferson Blvd., Fort Wayne, IN 46804 (260) 436-8807

#### ENROLLMENT AGREEMENT

PART-TIME
1,216 Hour Associate of Applied Science in Therapeutic Massage and Bodywork Program

Identif	fiable Informa Redacted fi				name
	SU	BJECT AND FEE	S		
				TUITION	MATERIALS
SEE FINANCIAL SHEET				\$ 11,075	\$ \$ 379,04 2nd
					\$142 04 rd yr) 35
					Subject to change w / price increases beyond our control
TOTAL	TUITION AND MATERIAL	S		\$ 11,075	
	Handling Fe			\$ (553.75)	
	TOTAL FEE	S		\$	-
Payment Schedule Opt Payment Date	ion (circle): A B C	Part-time  ### Part-time  ### Part-time  ### Date Received		F Payment	Office Notes
Detailed listing on					
ACCOUNTING RECORD SHEET					

Any other payment arrangements must be documented and approved by Center for Vital Living School of Massage Therapy's Administrator.

A late payment fee of \$25.00/week may be levied for payments made over 5 days after the scheduled payment date.

A \$25.00 fee may be levied for checks/charges returned by the bank.

#### **BUYER'S RIGHT TO CANCEL**

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School. Notice of cancellation shall be made in writing to the EDUCATION DIRECTOR at the above address.

- 1. Do not sign this agreement before you read it or if it contains blank spaces.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School brochures constitute the entire agreement between the buyer and the School.

I certify that I have received a copy of the School's current brochures, tuition fee schedule, schedule of core curriculum classes and electives, and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.

This institution is regulated by: The Indiana Commission on Proprietary Education 302 West Washington Street, Room 201, Indianapolis, IN 46204 1-800-227-5695 or (317) 232-1320

Office	Use	Only

SS

Proprietary Education, 302 W. Washington St. of enrolling this student.	es and regulations of The India ., Rm. 201, Indianapolis, IN 4	na Commission on 6204, throughout the proce
Agreement accepted by:		
Signed <u>Auct Causel</u> (Signature of either Education Director or A	Title El Dii	Date 5 - 7 - 03
Date of student registration/enrollment:	5.7.03	

#### Indiana Commission on Proprietary Education

#### Center for Vital Living, Fort Wayne, IN **Refund Claim Summary**

September 12, 2007

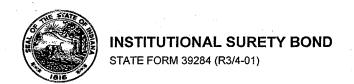
Bond #: 793339

Surety Company: Capitol Indemnity Corporation

Bond Period Start Date: 5-Jun-2003 Bond Period End Date: 5-Jun-2004 Amount of Surety: \$ 17,073.00 Amount of Claims: \$ 3,190.50 To be paid by Surety: \$ 3,190.50 To be paid by CCSAF: \$

Remaining Surety: \$ 13,882.50

Student Claimant(s)	Contract Date	Last Attended	Graduate	Amount Paid	Obligation	Refund
French, John William	3-Sep-2003	5/21/2007	Yes	\$ 6,790.00	\$ 4,819.00	\$ 1,971.00
Riecke, Lee Ann	7-Dec-2003	12/10/2006	Yes	\$ 11,140.00	\$ 10,690.80	\$ 449.20
Seipel, Jessica	14-Apr-2004	12/10/2006	Yes	\$ 10,950.00	\$ 10,736.00	\$ 214.00
Wilson, Maria	1-Sep-2003	11/19/2005	Yes	\$ 11,000.00	\$ 10,443.70	\$ 556.30



## INDIANA COMMISSION ON PROPRIETARY EDUCATION

Bond N	o. <u>793339</u>

Chief Administrative Office

KNOW ALL MEN BY THESE Center for Vit	PRESENTS:	dha Wibrant Tifa	Bogourgos	•	·	
That we, <u>School of Whol</u>	<u>istic Health</u>			, of the Cit	у	
of Fort Wayne, Capitol Indemnity Copp Wisconsin and firmly bound unto the Sta lawful money of the United Sta executors, administrators, su	oration _, and duly authoriate of Indiana, as O tates, for which pay	a corporation org zed to transact business bligee, in the penal sum ment, well and truly to b	anized unde in the State of <u>\$17.07</u> e made, we	of Indiana, 73.00**** bond ourse	as Surety, are h ****** Dollar Ives, our heirs,	
WHEREAS, the above boun operate an educational insti accreditation is effective:						
Beginning the <u>5th</u> day	of June	_, <u>2003</u> , and Ending the	5th	day of	June	, 2004
WHEREAS, the Principal is re Commission on Proprietary E bond to provide indemnificati having failed or neglected to parents or guardians thereof support of that application, or instruction or study in complia	Education for the a on to any student of faithfully perform a fas represented by a sa a result of hav	bove indicated term and or enrollee who shall suful all agreements, express y the application for the ing failed or neglected to	l conditioned fer loss or d or otherwise accreditation maintain a	d as hereina amage as a , with the si on and the nd operate	after set forth, a result of the P tudent, enrollee materials subm a course or cou	a surety Principal , or the nitted in
NOW, THEREFORE, THE Coaccredited institution shall in Principal's noncompliance waccreditation issued to the Prof said accreditation, and standarde as a result of the otherwise, with the students, accreditation and materials smaintain and operate a cours Title 20, Article 1, Chapter 19,	demnify said Obligith or breach of a rincipal, which said nall further provide Principal having fenrollee, or the passibmitted in suppose or courses of in	gee against all loss, cos ny law, statutes, ordina breach or noncomplian indemnification to any ailed or neglected to f arents or guardians the ort of that application, o estruction or study in con	et, expenses nces, rules ce shall occu student or aithfully per reof as reput r as a result mpliance with	, or damagor regulation or regulation or regulation of the enrollee with form all agreement by the standard form all agreement by the standard for regulation of the standard for regulati	e to it caused lons pertaining to e aforementione no shall suffer reements, expirithe application failed or negle lards of Indiana	by said to such ed term loss or ress or for the cted to
PROVIDED, that recovery ur regulations promulgated by th			icable statut	ory procedi	ure and by app	olicable
PROVIDED FURTHER, that the days notice in writing to said Communications.		cancelled by the Surety	as to subse	quent liabili	ity by giving thin	ty (30)
	Signed, sealed a	and dated the <u>13th</u> d	ay of <u>Jun</u>	e , 200	<u>0</u> 3	
SURETY SEAL	Capitol Indem	<u>nity Corpora</u> tion	Vib		Vital Living e Resources c Health	
	Sure			. F	Principal	
	By O mi of	Juliajous	Bv	Jeann	Let Olio	200

Attorney-in Fact Pamela Y. Majors

**Attach Power of Attorney** 



# Capital INDEMNITY CORPORATION

4610 UNIVERSITY AVENUE, SUITE 1400, MADISON, WISCONSIN 53705-0900 PLEASE ADDRESS REPLY TO P.O. BOX 5900, MADISON, WI 53705-0900 PHONE (608) 231-4450 • FAX (608) 231-2029

#### **POWER OF ATTORNEY**

o: C

647739

corporation of the State of and appoint	now all men by of Wisconsin, having	these Prese its principal office	<b>nts,</b> That the <b>C</b> es in the City of N	CAPITOL INDEMN Madison, Wisconsi	IITY CORPORATIO n, does make, const	N, a titute
Н1	ELEN P. PARKER, JA	AMES A. ROE, AL	LEN J. GRAU OI	R PAMELA Y. MAJ	ORS	
its true and lawful Attorned deed, any and all bonds, suretyship executed under	undertakings and c	ontracts of suret I exceed in amou	yship, provided that the sum of	d on its behalf, as t that no bond or ur	surety, and as its act ndertaking or contra	t and ct of
RambaRibber ourleibe richtele villaude in der des Abrille Abrille ubb i des Libriters auche	rney is granted and	is signed and sea	lled by facsimile	under and by the	authority of the follo	wing
held on the 15th day of N		S OF CAPITOL II	ADEMINITY COL	APORATION at a	meeting duly called	and
*RESOLVED, that the Pre- the power and authorization to a obligatory in the nature thereof, or	ppoint by a Power of Atto	rney for the purposes	only of executing an	d attesting bonds and a	e, be and they hereby are gr undertakings, and other wi	ritings
usual to such offices to the busine any certificate relating thereto by binding upon the Company, and a in the future with respect to any be for cause, or without cause, by ar	ess of this company; the si facsimile, and any such p ny such power so executed and or undertaking or other	gnature of such officers ower of attorney or ce I and certified by facsin writing obligatory in the	s and seal of the Com rtificate bearing such nile signatures and fac	pany may be affixed to a facsimile signatures or csimile seal shall be valid	any such power of attorney facsimile seal shall be valid and binding upon the Con	y or to d and noany
IN WITNESS WHE	REOF, the CAPITO	L INDEMNITY C	ORPORATION I	nas caused these p	oresents to be signe	d by
its officer undersigned an	d its corporate seal t	o be hereto affixe				002.
Attest:			CA	PITOL INDEMNIT	Y CORPORATION	
Thomas K. M	Morrissi Ianion, Treasurer	CORPO	PRATE OF THE PROPERTY OF THE P	David F. Pauly	Pauly)	
STATE OF WISCONSIN	1	SE/				
COUNTY OF DANE	j	Mascon Millingth				
On the 15th day of sworn, did depose and the CAPITOL INDEMNITY Consumption of the said by order of the Board of E	say: that he resides ORPORATION, the corporation; that the	in the County of corporation desc a seal affixed to s	of Dane, State or ribed in and which aid instrument is	of Wisconsin; that ch executed the al s such corporate se	bove instrument; tha eal: that it was so aff	y of at he
STATE OF WISCONSIN	1	A COLUMN TO THE OF WE	NAME OF THE PARTY	<b>a</b>	<i>~</i> ,	
COUNTY OF DANE	J	JAN F ENDR	ES )	Jane F. E Notary Public, D My Commission Ex	Dane Co., WI	
	90 g	CERTIF				
I, the undersigned CORPORATION, a Wiscor attached Power of Attornational Board of Directors, set for	nsin Corporation, au ey remains in full fo	thorized to make rce and has not	this certificate, been revoked; a	DO HEREBY CER	CAPITOL INDEMN RTIFY that the forego at the Resolution of	oing
Signed and sealed this	13 <sup>44</sup>	Day (	of June		<u>ر کے .</u>	
		CORPOI SEA		James W. Smirz, Ass	Sistant Secretary	

This power is valid only if the power of attorney number printed in the upper right hand corner appears in red. Photocopies, carbon copies or other reproductions are not binding on the company. Inquiries concerning this power of attorney may be directed to the Bond Manager at the Home Office of the Capitol Indemnity Corporation.

#### Final Payment / Refund Acceptance Agreement

STUDENT NAME: French, John Willia Student Date of Birth: 2/5/61 Phone: 765-463-9631		460 Woods Edge Ct W. Lafayette, IN 47906
Enrollment Date: First Day of Class: Last Date Attended: Graduation Date:	9/15/03 5/21/07	
Program Encolled: AAS: Therapeutic Massa Program Completed: AAS: Therapeutic Massa	-	* M
Price per contact hour: Total Hours Completed: Total Cost to Student (instructional): Book Refund due Student: Retain Enrollment Fee: NET Cost to Student: Total Amount Paid:	\$ 4,819.00 \$ 4,819.00	Originally enrolled into AAS 9/03. Paid \$6790, which covered the Adv Diploma program. Had to go on leave. When returned in 9/06, we agreed to completion of Adv Diploma instead of AAS. With his credits that transferred, we were able to graduate John with the AAS. Per hr cost based on 2003
REFUND DUE to STUDENT:		Adv Diploma fees.
ACKNOWLEDGEMENT: We, the undersigned, agree and representation of the instructional and account activity be the account balance reflects additional payment due to the consistent with the original enrollment agreement. If the student, this document, along with the student record, significantly Education as CLAIM FOR REFUND PAYMENT for College Student Assurance Fund, as allowable under India.	i acknowledge the etween the STUI he school, the stance account balance hall be submitted from the Institution	DENT and CENTER FOR VITAL LIVING. I udent agrees to pay this amount, e reflects that a refund is due the I to the Indiana Commission on onal Surety Bond and/or the Career

CENTER FOR VITAL LIVING

Print name and date

7-26-07

STUDENT

John William French 7-24-07
Print name and date

M. William Tend

## CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY

Westland Centre, 6109 West Jefferson Blvd., Fort Wayne, IN 46804 (260) 436-8807

#### ENROLLMENT AGREEMENT

FULL-TIME

1,216 Hour Associate of Applied Science in Therapeutic Massage and Bodywork Program

DATE 1 10)	NAME_	John	William	French		DATE	9-9-03	
------------	-------	------	---------	--------	--	------	--------	--

## Identifiable Information other than student name Redacted from public document

**SUBJECT AND FEES** TUITION **MATERIALS** SEE FINANCIAL SHEET \$11,000 \$555.32 1<sup>st</sup> yr \$72.08 2<sup>nd</sup> yr Subject to change w / price increases beyond our control TOTAL TUITION AND MATERIALS \$ 5% Handling Fee \$ TOTAL FEES \$

Payment Schedule Option (circle): A B C Full-time

Payment Date	Payment Amount	Date Received	Method of Payment	Office Notes
				Office Motes
/		A second		
The state of the s	The state of the s		<del>                                     </del>	
MINISTER OF THE SECOND CONTRACTOR	The second page 1. Process of the second sec			
				·
Detailed listing on				
ACCOUNTING			1	
RECORD SHEET				
		<del></del>		
			1	

Any other payment arrangements must be documented and approved by Center for Vital Living School of Massage Therapy's Administrator.

A late payment fee of \$25.00/week may be levied for payments made over 5 days after the scheduled payment date.

A \$25.00 fee may be levied for checks/charges returned by the bank.

#### **BUYER'S RIGHT TO CANCEL**

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School. Notice of cancellation shall be made in writing to the EDUCATION DIRECTOR at the above address.

- 1. Do not sign this agreement before you read it or if it contains blank spaces.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School brochures constitute the entire agreement between the buyer and the School.

I certify that I have received a copy of the School's current brochures, tuition fee schedule, schedule of core curriculum classes and electives, and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.

the Red line	9-9-03
Buyer Signature	Date
v	

This institution is regulated by:
The Indiana Commission on Proprietary Education
302 West Washington Street, Room 201, Indianapolis, IN 46204
1-800-227-5695 or (317) 232-1320

· · · · · · · · · · · · · · · · · · ·
I certify that I have complied with the rules and regulations of The Indiana Commission on Proprietary Education, 302 W. Washington St., Rm. 201, Indianapolis, IN 46204, throughout the process of enrolling this student.
Agreement accepted by:

Office Use Only

or emoning this student.		
Agreement accepted by:		
Signed <u>Jawell</u> Canall (Signature of either Education Director or A	Title _Ed Dir	Date 9-12-03
(Signature of either Education Director or A	Administrator)	
Date of student registration/enrollment:	9-9-03	

#### Final Payment / Refund Acceptance Agreement

STUDENT NAME: Riecke, Lee Ann

Student Date of Birth: 12/27/59

Phone: 260-410-3639

Address: 12313 Golden Harvest Dr

Fort Wayne, IN 46845

Enrollment Date: 12/7/03

First Day of Class: 1/11/04 Last Date Attended: 12/10/06

Graduation Date: 6/10/07

Program Enrolled: AAS: Therapeutic Massage and Bodywork (full-time)

Program Completed: AAS: Therapeutic Massage and Bodywork (part-time)

Price per contact hour: \$

**Total Hours Completed:** 

Total Cost to Student (instructional): \$ 10,690.80

Book Refund due Student:

Retain Enrollment Fee:

NET Cost to Student: \$ 10,690.80

Total Amount Paid: \$11,140.00

REFUND DUE to STUDENT: \$ 449.20

PAYMENT DUE to SCHOOL:

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING.

If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

9-1-07

STUDENT

## CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY

Westland Centre, 6109 West Jefferson Blvd., Fort Wayne, IN 46804 (260) 436-8807

#### ENROLLMENT AGREEMENT

FULL-TIME

1,216 Hour Associate of Applied Science in Therapeutic Massage and Bodywork Program

NAME LEE ANN RIECKE	_DATE	12-7-03
---------------------	-------	---------

## Identifiable Information other than student name Reducted from public document

SUBJECT AND FEES		
	TUITION	MATERIALS
SEE FINANCIAL SHEET		
	\$11,000	\$555.32 1 <sup>st</sup> yr
		\$72.08 2 <sup>nd</sup> yr
n de la companya de l		Subject to change w / price increases beyond our control
		beyond our control
TOTAL TUITION AND MATERIALS	\$	
5% Handling Fee	\$	
TOTAL FEES	\$	

Payment Schedule Option (circle): A B C Full-time

Payment Date	Payment Amount	Date Received	Method of Payment	Office Notes
				Office Hotes
. P. Or of the control of the contro				
THE STREET STREET CO. T. CO. T. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO				
Detailed listing on ACCOUNTING RECORD SHEET				
RECORD SHEET				

Any other payment arrangements must be documented and approved by Center for Vital Living School of Massage Therapy's Administrator.

A late payment fee of \$25.00/week may be levied for payments made over 5 days after the scheduled payment date.

A \$25.00 fee may be levied for checks/charges returned by the bank.

#### **BUYER'S RIGHT TO CANCEL**

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School. Notice of cancellation shall be made in writing to the EDUCATION DIRECTOR at the above address.

- 1. Do not sign this agreement before you read it or if it contains blank spaces.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School brochures constitute the entire agreement between the buyer and the School.

I certify that I have received a copy of the School's current brochures, tuition fee schedule, schedule of core curriculum classes and electives, and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.

This institution is regulated by: The Indiana Commission on Proprietary Education 302 West Washington Street, Room 201, Indianapolis, IN 46204 1-800-227-5695 or (317) 232-1320

#### Office Use Only

I certify that I have complied with the rules Proprietary Education, 302 W. Washington St., of enrolling this student.	and regulations of Rm. 201, Indianapo	The Indiana olis, IN 4620	Commission on 04, throughout the process
Agreement accepted by:			
Signed Qanet Canall	Title _ Eluc	Dri	Date _ / 2 - 9 - 0 3
(Signature of either Education Director or A	dministrator)		
Date of student registration/enrollment:	12.7-03		

#### **Final Payment / Refund Acceptance Agreement**

STUDENT NAME: Seipel, Jessica

Student Date of Birth: 3/11/83

Phone: 260-478-1805

Address: 2515 Cle Elum Dr.

Fort Wayne, IN 46809

Enrollment Date: 4/14/04 First Day of Class: 6/9/04

Last Date Attended: 12/10/06

Graduation Date: 6/10/07

Program Enrolled: AAS: Therapeutic Massage and Bodywork (full-time)

Program Completed: AAS: Therapeutic Massage and Bodywork (full-time)

Price per contact hour: \$

Total Hours Completed:

Total Cost to Student (instructional): \$ 10,736.00

Book Refund due Student:

Retain Enrollment Fee:

NET Cost to Student: \$10,736.00

Total Amount Paid: \$ 10,950.00

REFUND DUE to STUDENT: \$ 214.00

PAYMENT DUE to SCHOOL: \_\_\_\_\_

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seg).

CENTER FOR VITAL LIVING

Print name and date

1-31-07

STUDENT

Print name and date

Dessica K. Seipel

Signature

Signature

#### CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY

Westland Centre, 6109 West Jefferson Blvd., Fort Wayne, IN 46804 (260) 436-8807

#### ENROLLMENT AGREEMENT

FULL-TIME

1,216 Hour Associate of Applied Science in Therapeutic Massage and Bodywork Program

	Jessica	Samo	l
NAME	Jessica	serpe	•

DATE 4-14-04

## Identifiable Information other than student name Reducted from public document

**SUBJECT AND FEES** 

300)L	CIANDILLO		
		TUITION	MATERIALS
SEE FINANCIAL SHEET		\$11,000	\$588.87 1st yr
			\$72.08 2 <sup>nd</sup> yr
			Subject to change w / price increases beyond our control
		11. 14. 00 11. 10. 10. 10. 10. 10. 10. 10. 10.	
TOTAL TUITION AND MATERIALS		\$	
5% Handling Fee		\$	
TOTAL FEES		\$	

Payment	Schedule	Option	(circle):
,		O p 0.0	(00).

BC

**Full-time** 

Payment Date	Payment Amount	Date Received	Method of Payment	Office Notes
		7		
			1	
Detailed listing on				
ACCOUNTING				
RECORD SHEET			+	
·			1	

Any other payment arrangements must be documented and approved by Center for Vital Living School of Massage Therapy's Administrator.

A late payment fee of \$25.00/week may be levied for payments made over 5 days after the scheduled payment date.

A \$25.00 fee may be levied for checks/charges returned by the bank.

#### **BUYER'S RIGHT TO CANCEL**

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School. Notice of cancellation shall be made in writing to the EDUCATION DIRECTOR at the above address.

- 1. Do not sign this agreement before you read it or if it contains blank spaces.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School brochures constitute the entire agreement between the buyer and the School.

I certify that I have received a copy of the School's current brochures, tuition fee schedule, schedule of core curriculum classes and electives, and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement:

Buyer Signature Date

This institution is regulated by:
The Indiana Commission on Proprietary Education
302 West Washington Street, Room 201, Indianapolis, IN 46204
1-800-227-5695 or (317) 232-1320

#### Office Use Only

I certify that I have complied with the rules and reproprietary Education, 302 W. Washington St., Rm. 20 of enrolling this student.	
Agreement accepted by:	

Signed <u>Jawel Canall</u> Title <u>Eluc Div</u> Date <u>4-14-04</u>
(Signature of either Education Director or Administrator)

Date of student registration/enrollment: 4-14-04

## Final Payment / Refund Acceptance Agreement

STUDENT NAME: Wilson, Maria Katharina

Student Date of Birth: 07/15/84

Address: 2145 W. 50 N.

Phone: 574-202-6642

LaGrange, IN 46761

Enrollment Date: 09/01/03First Day of Class: 09/15/03Last Date Attended: 11/19/05Graduation Date: 06/10/07

Program Enrolled: AAS: Therapeutic Massage and Bodywork (full-time)

Program Completed: AAS: Therapeutic Massage and Bodywork (full-time)

Price per contact hour: \$ 9.05

Total Hours Completed: 1154

Total Cost to Student (instructional): \$ 10,443.70

Book Refund due Student: Retain Enrollment Fee:

NET Cost to Student: \$ 10,443.70

Total Amount Paid: \$ 11,000.00

REFUND DUE to STUDENT: \$ 556.30

PAYMENT DUE to SCHOOL:

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above re accurate representation of the instructional and account activity between the STUDEN FOR VITAL LIVING. If the account balance reflects additional payment due to the school student agrees to pay this amount, consistent with the original enrollment agreement account balance reflects that a refund is due the student, this document, along with the record, shall be submitted to the Indiana Commission on Proprietary Education as CLAREFUND PAYMENT from the Institutional Surety Bond and/or the Career College Studies Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

7-31-07

**STUDENT** 

Maria K Wilson 7/31

## CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY

Westland Centre, 6109 West Jefferson Blvd., Fort Wayne, IN 46804 (260) 436-8807

#### ENROLLMENT AGREEMENT

FULL-TIME

1,216 Hour Associate of Applied Science in Therapeutic Massage and Bodywork Program

NAME Maria Wilson DATE 9-1-03	
-------------------------------	--

## Identifiable Information other than student name Reducted from public document

SEE FINANCIAL SHEET

SEE FINANCIAL SHEET

\$11,000 \$555.32 1st yr
\$72.08 2nd yr
\$Subject to change w/ price increases beyond our control

TOTAL TUITION AND MATERIALS

\$1000 \$555.32 1st yr
\$1000 \$72.08 2nd yr
\$1000 \$10000 \$1

Payment Schedule Option (circle): A B C Full-time

Payment Date	Payment Amount	Date Received	Method of Payment	Office Notes
			The state of the s	Office Hotes
V	The second secon	Mark Control of the C		
. The state of the	model at the large space and the books of the same and the same at	· · · · · · · ·		
	The state of the s			
AND THE RESERVE OF THE PARTY OF				
				·
Detailed listing on ACCOUNTING RECORD SHEET				
4				

Any other payment arrangements must be documented and approved by Center for Vital Living School of Massage Therapy's Administrator.

A late payment fee of \$25.00/week may be levied for payments made over 5 days after the scheduled payment date.

A \$25.00 fee may be levied for checks/charges returned by the bank.

#### **BUYER'S RIGHT TO CANCEL**

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School. Notice of cancellation shall be made in writing to the EDUCATION DIRECTOR at the above address.

- 1. Do not sign this agreement before you read it or if it contains blank spaces.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School brochures constitute the entire agreement between the buyer and the School.

I certify that I have received a copy of the School's current brochures, tuition fee schedule, schedule of core curriculum classes and electives, and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.

This institution is regulated by: The Indiana Commission on Proprietary Education 302 West Washington Street, Room 201, Indianapolis, IN 46204 1-800-227-5695 or (317) 232-1320

# Office Use Only

I certify that I have complied with the rules and regulations of The Indiana Commission on Proprietary Education, 302 W. Washington St., Rm. 201, Indianapolis, IN 46204, throughout the process of enrolling this student. Agreement accepted by: Signed <u>Churt Curroll</u> Title <u>Educ Div</u> (Signature of either Education Director or Administrator) Date of student registration/enrollment: 9-1-03



#### Indiana Commission on Proprietary Education

# Center for Vital Living, Fort Wayne, IN Refund Claim Summary

September 12, 2007

Bond #: 793339

Surety Company: Capitol Indemnity Corporation

Bond Period Start Date: 5-Jun-2004
Bond Period End Date: 5-Jun-2005
Amount of Surety: \$ 17,149.00
Amount of Claims: \$ 3,596.54
To be paid by Surety: \$ 3,596.54
To be paid by CCSAF: \$ -

Remaining Surety: \$ 13,552.46

Student Claimant(s)	Contract Date	Last Attended	Graduate	Amount Paid	Obligation	Refund
Doelling, Jennifer	16-Aug-2004	2/7/2006	Yes	\$ 7,531.69	\$ 4,468.14	\$ 3,063.55
Muchler, Irina Viktorovna	16-Aug-2004	4/23/2007	Yes	\$ 6,390.00	\$ 5,857.01	\$ 532.99
	·		·		·	·



## INDIANA COMMISSION ON PROPRIETARY EDUCATION

WHEREAS, the Principal is required by Indiana Code, Title 20, Article 1, Chapter 19, Section 8, to file with the Indiana Commission on Proprietary Education for the above indicated term and conditioned as hereinafter set forth, a surety bond to provide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or neglected to aithfully perform all agreements, express or otherwise, with the student, enrollee, or the parents or guardians thereof as represented by the application for the accreditation and the materials submitted in support of that application, or as a result of having failed or eglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana Code, Title 0, Article 1, Chapter 19.  **ROW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounden Principal as such corredited institution shall indemnify said Obligee against all loss, cost, expenses, or damage to it caused by said Principal's oncompliance with or breach of any law, statutes, ordinances, rules or regulations pertaining to such accreditation issued to the rincipal, which said breach or noncompliance shall occur during the aforementioned term of said accreditation, and shall further rovide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or eglected to faithfully perform all agreements, express or otherwise, with the students, enrollee, or the principal regulation for the accreditation and materials submitted in support of that application, or as a result of having and one, the students of the principal having and operate a course or courses of instruction or study in compliance with the standards of Indiana ode, Title 20, Article 1, Chapter 19, then this bond shall be governed by applicable statutory procedure and by applicable regulations for the Commission on	7816				E	ond No. <u>7933</u>	39	
That we, SENDED OF WHOLESTEE REAL THE STATE OF THE STATE	KNOW ALL MEN BY THE	CE DDECENTS					• . •	
of Fort Wayne	Center for V	ital Living Inc	. dba Vi	brant Life	Resou:	rces	of th	o City
Capitol Indemnity Corporation  and duly authorized to transact business in the State of Indiana, as Obligee, in the penal sum of \$17,149,000**  Misconsin  and the State of Indiana, as Obligee, in the penal sum of \$17,149,000**  Misconsin  and the State of Indiana, as Obligee, in the penal sum of \$17,149,000**  Misconsin  Miscons	of Fort Wayne	O <del>llStic Health</del>	Indiana			5'	, or tr	ie City
Wisconsin	Capitol Indemnity Corporati	on		a corpor	ation org	anized under t	he laws of the	State of
Dollars, lawful money of the United States, for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.  WHEREAS, the above bounden Principal has obtained or is about to obtain from the said Obligee accreditation to operate an ducational institution pursuant to Indiana Code, Title 20, Article 1, Chapter 19, and the term, of said accreditation is effective:  Beginning the 5th day of June, 2004, and Ending the 5th day of June, 2005  WHEREAS, the Principal is required by Indiana Code, Title 20, Article 1, Chapter 19, Section 8, to file with the Indiana Commission on Proprietary Education for the above indicated term and conditioned as hereinafter set forth, a surety bond to provide ademnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed on reglected to mainfail to the accreditation and the materials submitted in support of that application, or as a result of having failed or eglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana Code, Title 0, Article 1, Chapter 19.  IOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounden Principal as such correctited institution shall indemnify said Obligee against all loss, cost, expenses, or damage to it caused by said Principal's oncompliance with or breach of any law, statutes, ordinances, rules or regulations pertaining to such accreditation issued to the rincipal, which said breach or noncompliance shall occur during the aforementioned term of said accreditation, and shall further rovide indemnification to any student or enrollee who shall suffer loss or damage to it caused by said Principal's oncompliance with or breach of any law, statutes, ordinances, rules or regulations pertaining to said accreditation, and shall further rovide indemnification to any student or enrollee who s	Wisconsin	, and duly authoriz	ed to transac	t business in the S	State of I	ndiana, as Sure	ety, are held an	d
Dollars, lawful money of the United States, for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.  WHEREAS, the above bounden Principal has obtained or is about to obtain from the said Obligee accreditation to operate an ducational institution pursuant to Indiana Code, Title 20, Article 1, Chapter 19, and the term, of said accreditation is effective:  Beginning the 5th day of June, 2004, and Ending the 5th day of June, 2005  WHEREAS, the Principal is required by Indiana Code, Title 20, Article 1, Chapter 19, Section 8, to file with the Indiana Commission on Proprietary Education for the above indicated term and conditioned as hereinafter set forth, a surety bond to provide ademnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed on reglected to mainfail to the accreditation and the materials submitted in support of that application, or as a result of having failed or eglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana Code, Title 0, Article 1, Chapter 19.  IOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounden Principal as such correctited institution shall indemnify said Obligee against all loss, cost, expenses, or damage to it caused by said Principal's oncompliance with or breach of any law, statutes, ordinances, rules or regulations pertaining to such accreditation issued to the rincipal, which said breach or noncompliance shall occur during the aforementioned term of said accreditation, and shall further rovide indemnification to any student or enrollee who shall suffer loss or damage to it caused by said Principal's oncompliance with or breach of any law, statutes, ordinances, rules or regulations pertaining to said accreditation, and shall further rovide indemnification to any student or enrollee who s	firmly bound unto the State of	of Indiana, as Obligee, i	n the penal su	um of \$17,149.00	0*****	******	********	****
WHEREAS, the above bounden Principal has obtained or is about to obtain from the said Obligee accreditation to operate an ducational institution pursuant to Indiana Code, Title 20, Article 1, Chapter 19, and the term, of said accreditation is effective:  Beginning the 5th day of June , 2004 , and Ending the 5th day of June , 2005  WHEREAS, the Principal is required by Indiana Code, Title 20, Article 1, Chapter 19, Section 8, to file with the Indiana Commission on Proprietary Education for the above indicated term and conditioned as hereinafter set forth, a surety bond to provide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or neglected to mainthally perform all agreements, express or otherwise, with the student, enrollee, or the parents or guardians thereof as represented by the application for the accreditation and the materials submitted in support of that application, or as a result of having failed or eglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana Code, Title 0, Article 1, Chapter 19.  IOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounden Principal as such corrections are such as a such correction of the student of any law, statutes, ordinances, rules or regulations pertaining to such accreditation issued to the rincipal, which said breach or noncompliance shall occur during the aforementioned term of said accreditation, and shall further rovide indemnification to any student or enrollee who shall suffer loss or damage to it caused by said Principal's oncompliance with or breach of any law, statutes, ordinances, rules or regulations pertaining to such accreditation issued to the rincipal, which said breach or noncompliance shall occur during the aforementioned term of said accreditation, and shall further rovide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal failed or gelected	Dollars, lawful money of the	United States, for which	ch payment, v	well and truly to b	e made,	we bind oursel	ves, our heirs,	
segiming the 5th day of June , 2004 , and Ending the 5th day of June , 2005  VHEREAS, the Principal is required by Indiana Code, Title 20, Article 1, Chapter 19, Section 8, to file with the Indiana Commission on Proprietary Education for the above indicated term and conditioned as hereinafter set forth, a surety bond to provide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or neglected to attifully perform all agreements, express or otherwise, with the student, enrollee, or the parents or guardians thereof as represented by the application for the accreditation and the materials submitted in support of that application, or as a result of having failed or reglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana Code, Title 0, Article 1, Chapter 19.  FOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounden Principal as such corredited institution shall indemnify said Obligee against all loss, cost, expenses, or damage to it caused by said Principal's oncompliance with or breach of any law, statutes, ordinances, rules or regulations pertaining to such accreditation issued to the rincipal, which said breach or noncompliance shall occur during the aforementioned term of said accreditation, and shall further rovide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or regelected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana ode, Title 20, Article 1, Chapter 19, then this obligation shall be void, otherwise to remain in full force and effect.  ROVIDED full that recovery under this bond shall be governed by applicable statutory procedure and by applicable regulations ormulgated by the Commission on Proprietary Education.  Surety By  Surety Seal  Suret	executors, administrators, su	ccessors and assigns, jo	intly and sev	erally, firmly by t	hese pre	sents.		
Seginning the 5th day of June , 2004 , and Ending the 5th day of June , 2005  VHEREAS, the Principal is required by Indiana Code, Title 20, Article 1, Chapter 19, Section 8, to file with the Indiana Commission on Proprietary Education for the above indicated term and conditioned as hereinafter set forth, a surety bond to provide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or neglected to attifully perform all agreements, express or otherwise, with the student, enrollee, or the parents or guardians thereof as represented by the application for the accreditation and the materials submitted in support of that application, or as a result of having failed or reglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana Code, Title 0, Article 1, Chapter 19.  NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounden Principal as such corredited institution shall indemnify said Obligee against all loss, cost, expenses, or damage to it caused by said Principal's oncompliance with or breach of any law, statutes, ordinances, rules or regulations pertaining to such accreditation issued to the trincipal, which said breach or noncompliance shall occur during the aforementioned term of said accreditation, and shall further rovide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or egelected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana ode, Title 20, Article 1, Chapter 19, then this obligation shall be void, otherwise to remain in full force and effect.  ROVIDED, that recovery under this bond shall be governed by applicable statutory procedure and by applicable regulations ormulgated by the Commission on Proprietary Education.  Surety By  Signed, sealed and dated the 24th day of May Content for Vital Living Inc., dba Life Resources Scho	WHEREAS, the above boun	den Principal has obtair	ed or is abou	it to obtain from the	he said C	Obligee accredi	tation to opera	te an
WHEREAS, the Principal is required by Indiana Code, Title 20, Article 1, Chapter 19, Section 8, to file with the Indiana Commission on Proprietary Education for the above indicated term and conditioned as hereinafter set forth, a surety bond to provide ademnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or neglected to ainfully perform all agreements, express or otherwise, with the student, enrollee, or the parents or guardians thereof as represented y the application for the accreditation and the materials submitted in support of that application, or as a result of having failed or eglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana Code, Title 0, Article 1, Chapter 19.  IOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounden Principal as such corredited institution shall indemnify said Obligee against all loss, cost, expenses, or damage to it caused by said Principal's oncompliance with or breach of any law, statutes, ordinances, rules or regulations pertaining to such accreditation issued to the rincipal, which said breach or noncompliance shall occur during the aforementioned term of said accreditation, and shall further rovide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or eglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana ode, Title 20, Article 1, Chapter 19, then this obligation shall be void, otherwise to remain in full force and effect.  ROVIDED, that recovery under this bond shall be governed by applicable statutory procedure and by applicable regulations omulgated by the Commission on Proprietary Education.  Surety  By  Capitol Indemnity Corporation  Surety  By  Capitol Indemnity Corporation  Surety as to subsequent liability by giving thirty (30) days notice in riting to said Obligee.  Signed, seale								
Commission on Proprietary Education for the above indicated term and conditioned as hereinafter set forth, a surety bond to provide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or neglected to aithfully perform all agreements, express or otherwise, with the student, enrollee, or the parents or guardians thereof as represented by the application for the accreditation and the materials submitted in support of that application, or as a result of having failed or eglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana Code, Title 0, Article 1, Chapter 19.  IOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounden Principal as such corredited institution shall indemnify said Obligee against all loss, cost, expenses, or damage to it caused by said Principal's oncompliance with or breach of any law, statutes, ordinances, rules or regulations pertaining to such accreditation, and shall further rovide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or eglected to faithfully perform all agreements, express or otherwise, with the students, enrollee, or the parents or guardians thereof s represented by the application for the accreditation and materials submitted in support of that application, or as a result of having idled or neglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana ode, Title 20, Article 1, Chapter 19, then this obligation shall be void, otherwise to remain in full force and effect.  ROVIDED, that recovery under this bond shall be governed by applicable statutory procedure and by applicable regulations romulgated by the Commission on Proprietary Education.  Surety  Signed, scaled and dated the 24th day of May Center for Vital Living Inc. dba Life Resources School of Wholist.  Principal  Capitol Indemnity Corpor	Beginning the 5th day	of June	, 2004	, and Ending the	5th	day of June		, 2005
credited institution shall indemnify said Obligee against all loss, cost, expenses, or damage to it caused by said Principal's momphiance with or breach of any law, statutes, ordinances, rules or regulations pertaining to stuch accreditation issued to the incipal, which said breach or noncompliance shall occur during the aforementioned term of said accreditation, and shall further ovide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or glected to faithfully perform all agreements, express or otherwise, with the students, enrollee, or the parents or guardians thereof represented by the application for the accreditation and materials submitted in support of that application, or as a result of having fled or neglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana olde, Title 20, Article 1, Chapter 19, then this obligation shall be void, otherwise to remain in full force and effect.  **COVIDED**, that recovery under this bond shall be governed by applicable statutory procedure and by applicable regulations omulgated by the Commission on Proprietary Education.  **COVIDED**, that recovery under this bond shall be governed by applicable statutory procedure and by applicable regulations omulgated by the Commission on Proprietary Education.  **COVIDED**, that recovery under this bond may be cancelled by the Surety as to subsequent liability by giving thirty (30) days notice in iting to said Obligee.   **Signed**, sealed and dated the **24th** day of **Center** for Vital Living Inc.* dba Life Resources School of Wholisti Principal  **Surety** By  **Chief Administrative Officer**  **Chief Administrative Officer**  **Pamela Y. Majors**, Attorneyi in-Fact  **Pamela Y. Majors**, Attorneyi	ommission on Proprietary I demnification to any studer ithfully perform all agreem the application for the accesselected to maintain and op	Education for the above nt or enrollee who shall ents, express or otherwi- reditation and the mater	indicated term suffer loss or ise, with the strials submitte	m and conditioned t damage as a resu student, enrollee, of the din support of the	d as here alt of the or the pa at applic	inafter set forth Principal having rents or guardination, or as a re	h, a surety bon ng failed or ne ans thereof as esult of having	d to provide glected to represented failed or
credited institution shall indemnify said Obligee against all loss, cost, expenses, or damage to it caused by said Principal's momphiance with or breach of any law, statutes, ordinances, rules or regulations pertaining to stuch accreditation issued to the incipal, which said breach or noncompliance shall occur during the aforementioned term of said accreditation, and shall further ovide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or glected to faithfully perform all agreements, express or otherwise, with the students, enrollee, or the parents or guardians thereof represented by the application for the accreditation and materials submitted in support of that application, or as a result of having led or neglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana olde, Title 20, Article 1, Chapter 19, then this obligation shall be void, otherwise to remain in full force and effect.  **COVIDED**, that recovery under this bond shall be governed by applicable statutory procedure and by applicable regulations omulgated by the Commission on Proprietary Education.  **COVIDED**, that recovery under this bond may be cancelled by the Surety as to subsequent liability by giving thirty (30) days notice in iting to said Obligee.   **Signed**, sealed and dated the **24th** day of **Center** for Vital Living Inc.* dba Life Resources School of Wholisti Principal  **Surety** By**  **Pamela Y. Majors**, Attorneyi in-Fact  **Pamela Y. Majors**, Attorneyi i	OW THEREFORE THE	CONDITION OF THE	ODI ICATIC	ONLIG CLICIT 4ha	4 : C 411		D	
necompliance with or breach of any law, statutes, ordinances, rules or regulations pertaining to such accreditation issued to the rincipal, which said breach or noncompliance shall occur during the aforementioned term of said accreditation, and shall further ovoide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or eglected to faithfully perform all agreements, express or otherwise, with the students, enrollee, or the parents or guardians thereof represented by the application for the accreditation and materials submitted in support of that application, or as a result of having illed or neglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana ode, Title 20, Article 1, Chapter 19, then this obligation shall be void, otherwise to remain in full force and effect.  ROVIDED, that recovery under this bond shall be governed by applicable statutory procedure and by applicable regulations omulgated by the Commission on Proprietary Education.  ROVIDED FURTHER, that this bond may be cancelled by the Surety as to subsequent liability by giving thirty (30) days notice in iting to said Obligee.  Signed, sealed and dated the 24th day of May 2004  Center for Vital Living Inc. dba Life Resources School of Wholisti Principal  Automatical Principal Surety By  Chief Administrative Officer  RECEIVED  RECEIVED  Agagooinvolotif								
SURETY SEAL  Signed, sealed and dated the Surety as to subsequent liability by giving thirty (30) days notice in riting to said Obligee.  Surety SEAL  Surety Sealed or an area of said accreditation, and shall further ovide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or grapetic or damage as a result of the Principal having failed or damage as a result of having failed or damage as a result of having failed or grapetic of the principal having failed or damage as a result of the Principal having failed or damage as a result of the students, and the principal having failed or damage as a result of the students, and a principal or damage as a result of the students, and a principal hav								
eglected to faithfully perform all agreements, express or otherwise, with the students, enrollee, or the parents or guardians thereof in represented by the application for the accreditation and materials submitted in support of that application, or as a result of having illed or neglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana ode, Title 20, Article 1, Chapter 19, then this obligation shall be void, otherwise to remain in full force and effect.  ROVIDED, that recovery under this bond shall be governed by applicable statutory procedure and by applicable regulations omulgated by the Commission on Proprietary Education.  ROVIDED FURTHER, that this bond may be cancelled by the Surety as to subsequent liability by giving thirty (30) days notice in riting to said Obligee.  Signed, sealed and dated the 24th day of Center for Vital Living Inc. 6ba Life Resources School of Wholist: Principal  Surety  By  Capitol Indemnity Corporation  Surety  By  Chief Administrative Officer  RECEIVED  M93900IN0401f	rincipal, which said breach	or noncompliance shall	occur during	the aforemention	ed term	of said accredi	tation, and sha	ll further
Surety SEAL  Signed, sealed and dated the Surety as to subsequent liability by giving thirty (30) days notice in riting to said Obligee.  Signed, sealed and dated the Surety SEAL  Surety SEAL  Surety SEAL  Signed, sealed and dated the Surety SEAL  Surety SEAL  Signed, sealed and dated the Surety as to subsequent liability by giving thirty (30) days notice in Principal  Capitol Indemnity Corporation  Surety  By  Chief Administrative Officer  May Surety  By  Chief Administrative Officer  May Surety  By  May Surety  By  Chief Administrative Officer  May Surety  By  May Surety  By  May Surety  By  Chief Administrative Officer  May Surety  By  May Surety  By  Chief Administrative Officer  May Surety  By  May Surety  By  Chief Administrative Officer								
surety SEAL  SURETY SEAL  Signed, sealed and dated the 24th day of Center for Vital Living Inc. dba Life Resources School of Wholisti Principal  Capitol Indemnity Corporation  Surety  By  Attorneyli n-Fact  By  Chief Administrative Officer  May 2004  Center for Vital Living Inc. dba Life Resources School of Wholisti Principal  Chief Administrative Officer  RECEIVED  M93900IN0401f								
ROVIDED, that recovery under this bond shall be governed by applicable statutory procedure and by applicable regulations comulgated by the Commission on Proprietary Education.  ROVIDED FURTHER, that this bond may be cancelled by the Surety as to subsequent liability by giving thirty (30) days notice in riting to said Obligee.  Signed, sealed and dated the 24th day of Center for Vital Living Inc. dba Life Resources School of Wholisti Principal  Capitol Indemnity Corporation  Surety  By  Chief Administrative Officer  Chief Administrative Officer  M939001N0401f								
SURETY SEAL  Signed, sealed and dated the 24th day of Center for Vital Living Inc. dba Life Resources School of Wholist; Principal  Capitol Indemnity Corporation  Surety  By  Attorney) in-Fact  By  Chief Administrative Officer  RECEIVED								
SURETY SEAL  Signed, sealed and dated the 24th day of Center for Vital Living Inc. dba Life Resources School of Wholist; Principal  Capitol Indemnity Corporation  Surety  By  Attorney) in-Fact  By  Chief Administrative Officer  RECEIVED								•
Signed, sealed and dated the 24th day of Center for Vital Living Inc. dba Life Resources School of Wholisti Principal  Surety  By  Attorney i n-Fact  W93900IN0401f  Signed, sealed and dated the 24th day of Center for Vital Living Inc. dba Life Resources School of Wholisti Principal  By  Chief Administrative Officer  RECEVED				applicable statutor	ry proced	lure and by app	plicable regula	tions
Signed, sealed and dated the 24th day of Center for Vital Living Inc. dba Life Resources School of Wholisti Principal  By Attorney in-Fact  Pamela Y. Majors  Attorney in-Fact  Resources School of Wholisti Principal  By Chief Administrative Officer  Chief Administrative Officer  RECEIVED		this bond may be cance	elled by the S	Surety as to subsec	quent lia	bility by giving	g thirty (30) da	ys notice in
SURETY SEAL  Capitol Indemnity Corporation  Surety  By  Pamela Y. Majors  Attorney in-Fact  By  Chief Administrative Officer  PECEIVED  M93900IN0401f  Center for Vital Living Inc. dba  Life Resources School of Wholisti  Principal  By  Chief Administrative Officer  PECEIVED	nting to said Obligee.							
Capitol Indemnity Corporation  Surety  By  Pamela Y. Majors  Againate Attorney  Againate Attorney  Againate Attorney  By  Chief Administrative Officer  RECEIVED		Signed, sealed as	nd dated the	24th day of	May			· · · · · · · · · · · · · · · · · · ·
Capitol Indemnity Corporation  Surety  By  Pamela Y. Majors  Approximately in-Fact  Resources School of Wholls.  Principal  By  Chief Administrative Officer  Chief Administrative Officer  PECEIVED	SURETY SEAL				Cente	er for Vit	al Living	Inc. dba V
Capitol Indemnity Corporation  Surety  By  Pamela Y. Majors  Attorney in-Fact  Chief Administrative Officer  A93900IN0401f					ште	Resources Principal	S SCHOOL C	ו wnorrstic He.
By Pamela Y. Majors Attorney in-Fact  Chief Administrative Officer  A93900IN0401f		Capitol Indemnity (	Corporation			Timorpai	•	
By Pamela Y. Majors Attorney in-Fact  Chief Administrative Officer  A93900IN0401f		Sur	ety		Bv			
Pamela Y. Majors , Attorney in-Fact  By Chief Administrative Officer  ach Power of Attorney  493900IN0401f			_		<i></i>			
Pamela Y. Majors , Attorney in-Fact By Chief Administrative Officer  A93900IN0401f		By Connac	1	1000		_		- 1
By Chief Administrative Officer tach Power of Attorney  M93900IN0401f			o Au	Mayoras				
Chief Administrative Officer  ### Property of Attorney  ### Property o		Pameia Y. Majo	rs (), A	Attorney i n-Fact	By	les no	( . /	the
M93900IN0401f  RECEIVED				<del>)</del>	LJy K	Chief A	Iministrative (	Officer
M93900IN0401f	tach Power of Attorney		2	Secretary Control of the Control of	for the part		нажитае	
M93900IN0401f	on or recomely			The state of the s	rec	EIVED		
	403000IN0401f			And in the last of				
	W15JJUU1IYU4U11			·	JUN 7	2004		

INDIANA COMMISSION ON PROPRIETARY EDUCATION

3737 Lake Ave., P.O. Box 5177, Fort Wayne, IN 46895 (260) 424-1555

Colligan & Company, Inc. INSURANCE AGENCY

## CAPITOL INDEMNITY CORPORATION POWER OF ATTORNEY

10001480

POWER OF ATTORNEY KNOW ALL MEN BY THESE PRESENTS, That the CAPITOL INDEMNITY CORPORATION, a corporation of the State of Wisconsin, having its principal offices in the City of Madison, Wisconsin, does make, constitute and appoint -HELEN P. PARKER, JAMES A. ROE, ALLEN J. GRAU OR PAMELA Y. MAJORS its true and lawful Attorney(s) in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in --- NOT TO EXCEED \$1,500,000.00 -----This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of CAPITOL INDEMNITY CORPORATION at a meeting duly called and held on this 15th day of May, 2002. "RESOLVED, that the President, and Executive Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of the Corporation; the signature of such officers and seal of the Corporation may be affixed to such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Corporation in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time.' IN WITNESS WHEREOF, the CAPITOL INDEMNITY CORPORATION has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested by its Treasurer, this 1st day of October, 2003. CAPITOL INDEMNITY CORPORATION Thomas K. Manion David F. Pauly Treasurer President and CEO STATE OF WISCONSIN COUNTY OF DANE On the 1st day of October, 2003 before me personally came David F. Pauly, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Dane, State of Wisconsin; that he is President and CEO of CAPITOL INDEMNITY CORPORATION, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order. Kathleen A. Paulson STATE OF WISCONSIN Notary Public, Dane Co., WI COUNTY OF DANE CERTIFICATE My Commission Expires 10-15-2006 I, the undersigned, duly elected to the office stated below, now the incumbent in CAPITOL INDEMNITY CORPORATION, a Wisconsin Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force. Signed and sealed at the City of Madison, State of Wisconsin this James W. Smirz Assistant Secretary THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON BLUE SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. THE BACK OF THIS DOCUMENT CONTAINS A WATERMARK. IF YOU HAVE ANY QUESTIONS CONCERNING

CIC-002M (10-03)

THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

#### **Final Payment / Refund Acceptance Agreement**

STUDENT NAME: Doelling, Jennifer

Student Date of Birth: 11/10/79

Phone: 260-705-1208

Address: 711 Sandalwood Dr

Ossian, IN 46777

Enrollment Date: 8/16/04
First Day of Class: 9/13/04
Last Date Attended: 2/7/06
Graduation Date: 6/10/07

Program Enrolled: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Program Completed: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Price per contact hour: \$ 8.07
Total Hours Completed: 605

Total Cost to Student (instructional): \$ 4,552.35

Book Refund due Student: \$ 84.21

Retain Enrollment Fee:

NET Cost to Student: \$ 4,468.14 Total Amount Paid: \$ 7,531.69

REFUND DUE to STUDENT: \$ 3,063.55

PAYMENT DUE to SCHOOL:

**ACKNOWLEDGEMENT:** We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

Jennifer Doelling 7-24-07

Print name and date

Janet Carroll
1-24-07

STUDENT

Jenniter Doelling 7-24-0"

Signature

# CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY 6109 W. Jefferson Blvd, Fort Wayne, IN 46804 (260) 436-8807

## ENROLLMENT AGREEMENT

#### Part-Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

	, ,	~ .	<b>\</b>			4	
NAME:	Jennifer	1)001	ling	DATE:	8-110-	154	
1 WAINTE.	0011110		11:1:4	DAIL	2 10	<u> </u>	

## Identifiable Information other than student name Redacted from public document

Tuition	Books/Materials	Books/Materials	5% Handling Fee	Total		
	1st Year	2nd Year				
\$6,980.00	\$228.27	\$325.58 + 3 books to purchase on own	(\$349.00)			
	Book fees subject i	to change w/price increa	ses beyond our control			
Payment Schedule Option (circle): A B C						

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25/week may be levied for payments made over five (5) days after the scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

Misc Fees:	·	
School Shirts: Average \$20	O each depending upon size (wholesale	COST TO STUDENTS)
	Professional Relaxation Massage	
ON	e Deep Tissue Massage	
*CVL RETAIL PRODUCTS: 10%	discount (*some restrictions may apply)	
Massage Table/Chair: 10%	discount on Earthlite or Custom Cra	frworks products
Tour	ICOPE CONTACT INFO	Payment Plan Info
Handbook  Refund Policy	School Policies	Application Received
Refund Policy	Non-discrimination clause	✓ Deposit Received
	-	

#### Buyer's Right to Cancel

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

Notice of cancellation or withdrawal must be made in writing to the Education Director at the above address.

- 1. Do not sign this agreement before you read it or if it contains blank spaces.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM Classes and electives, and ICOPE contact information and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.

BUYER SIGNATURE DATE

This Institution is regulated by:
The Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

## Office Use Only

I certify that I have complied with the rules and regulations of the Indiana Commission on Proprietary Education throughout the process of enrolling this student.

AGREEMENT ACCEPTED by:

Signed: Aut Canal Education Director

Date: 8-16-04

Date of Student Registration/Enrollment: 8-16-04

#### Final Payment / Refund Acceptance Agreement

STUDENT NAME: Muchler, Irina Viktorovna

Student Date of Birth: 4/15/66

Address: 413 N West St

Phone: 260-316-9226

Andola, IN 46703

Enrollment Date: 8/16/04 First Day of Class: 9/13/04 Last Date Attended: 4/23/07 Graduation Date: 6/10/07

Program Enrolled: Diploma: Therapeutic Massage and Bodywork (part-time)

Program Completed: Diploma: Therapeutic Massage and Bodywork (part-time)

Price per contact hour: \$

Total Hours Completed:

Total Cost to Student (instructional): \$ 5,891.99

Book Refund due Student: \$ Retain Enrollment Fee:

NET Cost to Student: \$ 5,857.01

Total Amount Paid: \$ 6,390.00

REFUND DUE to STUDENT: \$ 532.99

PAYMENT DUE to SCHOOL:

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq ).

CENTER FOR VITAL LIVING

STUDENT

7-74-07

Tring V Muchler
Print name and date

Tring V fucher
Signature

# CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY 6109 W. Jefferson Blvd, Fort Wayne, IN 46804 (260) 436-8807

## ENROLLMENT AGREEMENT

#### Part-Time

DIPLOMA in Therapeutic Massage and Bodywork - 805 Hr

r- <u>-</u>	entifiable Inf	ormation other	r than stude:	nt name
Tuition	Books/Materials	Books/Materials	5% Handling Fee	Total
	1st Year	2nd Year		
\$6,440.00	\$215.55	\$291.66 + 3 books to purchase on own	(\$322.00)	
Living Adminis A late pay scheduled pay A \$25 fee	R PAYMENT ARRANGEMENT STRATION. YMENT FEE OF \$25/WEEK YMENT DATE.	E Option (circle):  IS MUST BE DOCUMENTED  MAY BE LEVIED FOR PAYM  ECKS RETURNED BY THE BY	and approved by Ci	
1	: average \$20 each de ments: one Profession one Deep Tis	· · · · · · · · · · · · · · · · · · ·	plesale cost to studen	NTS)

\*CVL RETAIL PRODUCTS: 10% discount (\*some restrictions may apply)

Massage Table/Chair: 10% discount on Earthlite or Custom Craftworks products

<u>V</u> .	Tour		ICOPE CONTACT INFO		PAYMENT Plan Info
	Handbook	<u> </u>	School Policies	N	Application Received
	Refund Policy		Non-discrimination clause	V	Deposit Received

### BUYER'S RIGHT TO CANCEL

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

Notice of cancellation or withdrawal must be made in writing to the Education Director at the above address.

- 1. Do not sign this agreement before you read it or if it contains blank spaces.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM Classes and electives, and ICOPE CONTACT INFORMATION and Refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.

BUYER SIGNATURE

DATE

DATE

This Institution is regulated by:
The Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

# Office Use Only I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REQUIATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT. AGREEMENT ACCEPTED by: Signed: Jawa Camal Education Director Date: 8-17-04 Date of Student Registration/Enrollment: 9-16-04



## Center for Vital Living, Fort Wayne, IN Refund Claim Summary

September 12, 2007

Bond #: 793339

Surety Company: Capitol Indemnity Corporation

Bond Period Start Date: 5-Jun-2005
Bond Period End Date: 5-Jun-2006
Amount of Surety: \$ 18,551.00
Amount of Claims: \$ 32,317.54
To be paid by Surety: \$ 18,551.00
To be paid by CCSAF: \$ 13,766.54
Remaining Surety: \$ -

Student Claimant(s)	Contract Date	Last Attended	Graduate	Amount Paid	Obligation	Refund
Ballard, Ashley Francis	27-Mar-2006	5/21/2007	No	\$ 5,689.66	\$ -	\$ 5,689.66
Christie, Patricia R.	29-Nov-2005	6/5/2007	Yes	\$ 5,427.00	\$ 5,376.19	\$ 50.81
Coil, Shawn Eugene	4-Aug-2005	4/23/2007	Yes	\$ 6,930.00	\$ 5,915.72	\$ 1,014.28
Creager, Sarah Lynn	28-Nov-2005	6/5/2007	Yes	\$ 6,750.60	\$ 2,909.14	\$ 3,841.46
Fromm, Chasity Ann	28-Apr-2006	4/23/2007	No	\$ 3,747.52	\$ -	\$ 3,747.52
Masuga, Jessica	31-Dec-2005	12/17/2006	Yes	\$ 9,731.80	\$ 7,864.08	\$ 1,867.72
Nair (Morimanno), Annette Sue	1-Jun-2006	4/23/2007	Yes	\$ 8,005.00	\$ 3,807.22	\$ 4,197.78
Richardson, Amy	30-Aug-2005	4/18/2006	Yes	\$ 6,790.00	\$ 4,021.10	\$ 2,768.90
Ross, Richard K.	31-Oct-2005	5/22/2007	Yes	\$ 6,435.00	\$ 4,946.53	\$ 1,488.47
Schaller, Jessica	9-Sep-2005	4/23/2007	No	\$ 6,790.00	\$ -	\$6,790.00
Vogelgesang, Shelley A.	29-Dec-2005	4/15/2007	Yes	\$ 9,703.50	\$ 8,842.56	\$ 860.94

### INDIANA COMMISSION ON PROPRIETARY EDUCATION

That we, School of Whol	al Living Inc. istic Health	dba Vibrant	Life Resou	rces	, of the City
of Fort Wayne Capitol Indemnity Corporation	, State of I	diana	, as Pr	incipal, and anized under the l	aws of the State of
Wisconsin firmly bound unto the State of I Dollars, lawful money of the U executors, administrators, succe	nited States, for which p	ayment, well and	truly to be made, v	ve bind ourselves,	
WHEREAS, the above bounder educational institution pursuant	Principal has obtained	or is about to obta	in from the said O	bligee accreditatio	n to operate an ation is effective:
Beginning the 5th day of	June ,	2005 , and Er	nding the 5th	day of June	, 2006
WHEREAS, the Principal is req Commission on Proprietary Edu indemnification to any student of faithfully perform all agreement by the application for the accred neglected to maintain and operate 20, Article 1, Chapter 19.	cation for the above ind r enrollee who shall suf s, express or otherwise, itation and the materials	cated term and co er loss or damage with the student, e submitted in supp	onditioned as hereing as a result of the I carrollee, or the pare port of that applica	nafter set forth, a s Principal having fa ents or guardians t tion, or as a result	surety bond to provide tiled or neglected to hereof as represented of having failed or
NOW, THEREFORE, THE COI accredited institution shall inder noncompliance with or breach of Principal, which said breach or n provide indemnification to any strenglected to faithfully perform all as represented by the application failed or neglected to maintain ar Code, Title 20, Article 1, Chapter	anify said Obligee again fany law, statutes, ording concompliance shall occur tudent or enrollee who sell agreements, express of for the accreditation and operate a course or course	st all loss, cost, ex ances, rules or reg or during the afore hall suffer loss or otherwise, with the I materials submit ourses of instruction	penses, or damage gulations pertaining ementioned term of damage as a result he students, enroll ted in support of the on or study in comp	to it caused by sa g to such accreditation of said accreditation of the Principal hee, or the parents at application, or bliance with the st	aid Principal's ation issued to the an, and shall further aving failed or or guardians thereof as a result of having andards of Indiana
PROVIDED, that recovery under promulgated by the Commission	this bond shall be gove on Proprietary Education	ned by applicable	e statutory procedu	re and by applical	ole regulations
PROVIDED FURTHER, that this writing to said Obligee.	bond may be cancelled	by the Surety as t	to subsequent liabi	lity by giving thir	y (30) days notice in
SURETY SEAL	Signed, sealed and de	ted the18th	day of <u>July</u> Center <u>Life</u> F	for Vital esources Sc	Living Inc. dba Vibr hool of Wholistic
	Surety	Major	Ву	Principal	Healt
B <sub>2</sub>	Pamela Y Majors	1 / / / / / / / / /	. East		<i>4</i> ///
· · · · · · · · · · · · · · · · · · ·	Pamela Y. Majors	, Attoney-i r	n-Fact By	Chief Adminis	Strative Officer
ttach Power of Attorney	Pamela Y. Majors ( RECEIVED  JUL 2 8 2005	, Attomey-i r	n-Fact By	Chief Admini	strative Officer

## Capitol INDEMNITY CORPORATION P. O. Box 5900, Madison, WI 53705-0900 Phone: (608) 231-4450 Toll Free: (800) 475-4450

#### **RIDER**

To be attached to and form part of Bond No. <u>LP00793339</u>	9		
Issued to: Center for Vital Living, Inc. dba Vibrant Life I Wholistic Health	Resources School of	(Principal)	
In favor of: City of Fort Wayne, State of Indiana		(Obligee)	
It is agreed that:			
(1) The underwriter gives it consent to change the the above mentioned bond as follows:	Penal Sum		of
Old Penal Sum was	\$17,149.00		
New Penal Sum is	\$18,551.00		
Provided, however, that the liability of the underwr	iter under the attache	d bond as changed by this ri	der
(2) This rider is effective at 12:01 a.m. on <u>6-5-2005</u>			
Signed, sealed and dated <u>7-21-2005</u>			
	CAPITOL IN	DEMNITY CORPORATION	
Jon of Preser	Tame as	Majors	
(Witness)	(\$ignature) Pamela Y Majors	) · · · · · · · · · · · · · · · · · · ·	eal)

(Print Name of Attorney-in-Fact and Title)

### CAPITOL INDEMNITY CORPORATION POWER OF ATTORNEY

10025172

KNOW ALL MEN BY THESE PRESENTS, That the CAPITOL INDEMNITY CORPORATION, a corporation of the State of Wisconsin, having its principal offices in the City of Madison, Wisconsin, does make, constitute and appoint

HELEN P. PARK	ER, JAMES A.	ROE, ALLEN	J. GRAU OI	R PAMELA	Y. MAJORS -		****
its true and lawful Attorney(s)-in-fact, to make, ex undertakings and contracts of suretyship, provided amount the sum of	ecute, seal and that no bond or	deliver for and undertaking o	on its beha r contract of	lf, as surety, suretyship e	and as its ac	and deed, and this authority	y and all bonds y shall exceed i
	NOT T	O EXCEED \$	1,500,000.00	0			
					·		
This Power of Attorney is granted and is signed an of Directors of CAPITOL INDEMNITY CORPOL	d sealed by facs RATION at a m	simile under an eeting duly cal	id by the autl led and held	hority of the on the 15th d	following Re ay of May, 20	solution adop 02.	ed by the Boar
"RESOLVED, that the President, and Executive V granted the power and authorization to appoint by other writings obligatory in the nature thereof, one powers and duties usual to such offices to the busin such power of attorney or to any certificate relating or facsimile seal shall be valid and binding upon the nature thereof to which it is attached. Any such	a Power of Atto e or more vice- less of the Corpo thereto by facsii he Corporation i	orney for the p presidents, association, the sig mile, and any s in the future w	urposes only istant secreta nature of sucuch power of the respect to	of executing aries and attoch officers are fattorney or of any bond of	g and attesting orney(s)-in-factorial seal of the certificate bear undertaking	g bonds and u ct, each appoi Corporation n ring such facs or other writi	indertakings an ntee to have th nay be affixed t simile signature ng obligatory i
IN WITNESS WHEREOF, the CAPITOL INDEX corporate seal to be hereto affixed duly attested by	MNITY CORPO	ORATION ha	s caused thes his 7th day o	se presents to of July, 2004.	be signed by	its officer und	lersigned and it
Attest: James J. W. Shitya		CORPORATE	8.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			ANITY COR	A North State of the State of t
James J. McIntyre Executive Vice President	Tibiruanuwani ya Kara ka	SEAL		David	d F. Pauly dent and CEC		age of the surrenting
STATE OF WISCONSIN S.S.:		wsconsu wsconsu					
On the 1st day of October, 2003 before me personal resides in the County of Dane, State of Wisconsin described in and which executed the above instrume corporate seal; that it was so affixed by order of the	; that he is Pres ent; that he kno	sident and CEO ws the seal of	O of CAPIT the said corp	OL INDEM	INITY COR	PORATION, ked to said ins	the corporation strument is such
		sure of wiscough		4	athlus		Dulong.
요하고 있다고 보고 이 이 생활을 걸 수 있다는 경기를 하는다. 하다. 이 생활을 하는 것으로 한 경기를 하는다.		KATHLEEN A. PAULSON )*	and the state of t	()	ancen	- a 1	aucorc
STATE OF WISCONSIN . S.S.:		CERTIFICATE			Notary P	leen A. Paulso ablic, Dane Co ion Expires 10	o., WI
I, the undersigned, duly elected to the office sta Corporation, authorized to make this certificate, <b>DO</b> not been revoked; and furthermore, that the Resolut	HEREBY CE	RTIFY that th	e foregoing a	attached Pow	er of Attorney	remains in fu	N, a Wisconsir ill force and has
Signed and sealed at the City of Madison, State of V	Wisconsin this _	21st	day of	July	, 2_ (	005	
		SEAL			nes III	Dun'y	
		Wascoks Wascok		Assist	tant Secretary		
THIS DOCUMENT IS NOT VALID UNLESS PRIN RIGHT HAND CORNER. IF YOU HAVE ANY QU	NTED ON BLU ESTIONS CON	E SHADED B	ACKGROUN IE AUTHEN	ND WITH A	RED SERIA	L NUMBER I MENT CALL	N THE UPPER

#### **Final Payment / Refund Acceptance Agreement**

STUDENT NAME: Ballard, Ashley Francis

Student Date of Birth: 5/16/88

Student Date of Birth: 5/16/88 Phone: 260-358-0756	Address: 2040 Willow Bend Huntington, IN 46750
Enrollment Date First Day of Class Last Date Attended Graduation Date	s: 9/11/06 d: 5/21/07
Program Enrolled: AAS: Therapeutic Ma	ssage and Bodywork (part-time)
Program Completed: closed before finished	i
Price per contact hor Total Hours Complete Total Cost to Student (instructional Book Refund due Studer Retain Enrollment Fee NET Cost to Studer Total Amount Pa REFUND DUE to STUDEN PAYMENT DUE to SCHOO	ed: 326    326
ENT DOL to Sanot	
consistent with the original enrollment agreement. If student, this document, along with the student record	y between the STUDENT and CENTER FOR VITAL LIVING. If o the school, the student agrees to pay this amount, the account balance reflects that a refund is due the , shall be submitted to the Indiana Commission on T from the Institutional Surety Bond and/or the Career
CENTER FOR VITAL LIVING	STUDENT
Janet Carroll 8-14-07 Print name and date	Ashley Ballard 8_14_07 Print name and date  Ashley Ballard 8_14_07 Signature 4

#### CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERADY (260) 436-8807

6109 W. Jefferson Blvd, Fort Wayne, IN 46804

#### ENROLLMENT AGREEMENT

Part-Time - 3 Year Program Associate of Applied Science in Therapeutic Massage and Bodywork - 1,216 Hr

NAME:	Agni	UL BO	Mard
17 61 7 25	1 12 21 1		

DATE: 3/27/00

#### Identifiable Information other than student name Redacted from public document

Tuition	Books/Materials	Books/Materials	Books/Materials	5% Handling Fee	Total	
from 12/1/05	1st Year	2nd Year	3rd Year			
\$12,320.00	\$246.24	\$315.08	\$95.93	(\$616.00)	\$12,977.25 (+\$616.00)	
Book fees subject to change w/price increases beyond our control						
	Payment Schedule Option (circle): A B (C)					

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A LATE DAYMENT FEE OF \$25 will be levied for DAYMENTS MADE OVER FIVE (5) DAYS AFTER scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

Program length is 3 years. A \$300 fee will be charged for taking additional TIME TO COMPLETE DROGRAM REQUIREMENTS.

Misc Fees:
School Shirts: average \$17 each depending upon size (wholesale cost to students)
Class Requirements: one Professional Relaxation Massage
one Deep Tissue Massage
*CVL RETAIL PRODUCTS: 10% discount (*some restrictions may apply)
Massage Table/Chair: 10% discount on Earthlite or Custom Craftworks products
Tour ICOPE Contact Info Payment Plan Info Handbook School Policies Application Received Refund Policy Non-discrimination clause Deposit Received

#### BUYER'S RIGHT TO CANCEL

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day After this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it or if it contains blank spaces.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

I also certify that I am aware this is a 3 year contractual agreement to fulfill the 1,216 Hr AAS Program requirements. CVL honors the completion of the 859 Hr Program requirements with an Advanced Diploma which allows me to begin my business upon completion of those requirements. Completion of the 805 Hr or 859 Hr Program requirements does not fulfill the requirements of this agreement.

My signature certifies that I am in agreement to the terms set forth in this agreement.

BUYER SIGNATURE DATE

11/9/05

This Institution is regulated by:
the Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

Office Use	Only
I certify that I have complied with the Indiana Commission on Proprietary Ed	
process of enrolling this student.	
	,
AGREEMENT ACCEPTED by:	
Signed: Janet Carroll	Education Director
DATE: 3-27-06	
DATE OF STUDENT REGISTRATION/ENROLLMENT:	3-27-06

#### **Final Payment / Refund Acceptance Agreement**

STUDENT NAME: Christie, Patricia R.

Student Date of Birth: 12/29/48

Phone: 260-482-8225

Address: 5428 Cove Ct

Fort Wayne, IN 46825

Enrollment Date: 11/29/05 First Day of Class: 1/8/06 Last Date Attended: 6/5/07 Graduation Date: 6/10/07

Program Enrolled: Diploma: Therapeutic Massage and Bodywork (part-time)

Program Completed: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Price per contact hour: \$ 7.88
Total Hours Completed: 700

Total Cost to Student (instructional): \$ 5,516.00

Book Refund due Student: \$ 139.81

Retain Enrollment Fee:

NET Cost to Student: \$ 5,376.19 Total Amount Paid: \$ 5,427.00

REFUND DUE to STUDENT: \$ 50.81

PAYMENT DUE to SCHOOL:

**ACKNOWLEDGEMENT:** We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVIN	10
------------------------	----

Print name and date

7-25-07

STUDENT

Print name and date

Potrisis Delicit

ignature

RECEIVED

JULI 3 0 2007

INDIANA COMMISSION ON PROPRIETARY EDUCATION

#### ENROLLMENT AGREEMENT

#### Part-Time

DIPLOMA in Therapeutic Massage and Bodywork - 805 Hr

•	$(C_{ij})$	(1) .	•
NAME:	PATRICIA	Christie	DATF: 11-29-05

#### Identifiable Information other than student name Reducted from public document

Tuition	Books/Materials	Books/Materials	5% Handling Fee	Total
through 11/30/05	1st Year	2nd Year		
\$6,440.00	\$233.60	\$279.09	(\$322.00)	\$6947.21 (+ \$322)
	Book fees subject to	change w/price increases	beyond our control	
	Payment Schedul	e Option (circle):	А В (	<b>c</b> )

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25 will be levied for payments made over five (5) days after the scheduled payment date.

A \$25 fee will be levied for checks returned by the bank.

Program length is 2 years. A \$300 fee will be charged for taking additional time to complete program requirements.

Misc Fe	<u>ES</u> :		
School S	SHIRTS: AVERAGE	\$17 EACH depending upon size (who	lesale cost to students)
Class Re	quirements:	ONE PROFESSIONAL RELAXATION MASSAGE	
		ONE DEED TISSUE MASSAGE	
*CVL RETA	Ail Products:	10% discount (*some restrictions may apply	<i>y</i> )
MASSAGE	Table/Chair: 1	0% discount on Earthlite or Custon	u Craftworks products
	Tour Handbook Refund Policy	ICOPE CONTACT INFO School Policies Non-discrimination clause	Payment Plan Info Application Received Deposit Received

#### BUYER'S RIGHT TO CANCEL

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do NOT SIGN THIS AGREEMENT before you read it.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM Classes and electives, and ICOPE CONTACT INFORMATION and Refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.

This Institution is regulated by:
The Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

## Office Use Only I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT. AGREEMENT ACCEPTED by: SIGNED: JANUA CAMPAL EDUCATION DIRECTOR DATE: //-29.05

#### Final Payment / Refund Acceptance Agreement

STUDENT NAME: Coil, Shawn Eugene

Student Date of Birth: 1/9/86

Phone: 419-203-6966

Address: 616 1/2 Greenwald St

Van Wert, OH 45891

Enrollment Date: 8/4/05 First Day of Class: 9/12/05

Last Date Attended: 4/23/07

Graduation Date: 6/10/07

Program Enrolled: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Program Completed: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Price per contact hour: \$

Total Hours Completed:

745

Total Cost to Student (instructional): \$ 6,004.70

Book Refund due Student: \$ Retain Enrollment Fee:

NET Cost to Student: \$ 5,915.72

Total Amount Paid: \$ 6,930.00

REFUND DUE to STUDENT: \$ 1,014.28

PAYMENT DUE to SCHOOL:

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on

Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seg).

CENTER FOR VITAL LIVING

**STUDENT** 

Print name and date
7-27-07

Print name and date ,

how Coll

#### ENROLLMENT AGREEMENT

## P a r t - T i m e ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

NAME: Shawn Coil	DATE: 8-4-05

#### Identifiable Information other than student name Reducted from public document

Tuition	Books/Materials	Books/Materials	5% Hand	lling Fee	Total
	1st Year	2nd Year			0.7500.05
\$6,980.00	\$246.23	\$309.78	(\$349	9.00)	\$7533.85 (+\$349)
	Book fees subject t	o change w/price increa	ses beyond o	ur contro	l .
	PAYMENT SCHED	le Option (circle	E): A	В	0

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25/week may be levied for payments made over five (5) days after the scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

Program length is 2 years. A \$300 fee will be charged for taking additional time to complete program requirements.

MISC FEES:	17 each depending upon size (wholesali	e cost to students)
Class Requirements: ON	e Professional Relaxation Massage	,
*CVL RETAIL PRODUCTS: 10%	NE DEED TISSUE MASSAGE 6 dISCOUNT ('SOME RESTRICTIONS MAY APPLY) 8 dISCOUNT ON EARTHLITE OR CUSTOM CF	naftworks products
Tour Handbook Refund Policy	ICOPE Contact Info School Policies Non-discrimination clause	Payment Plan Info Application Received Deposit Received

#### BUYER'S RIGHT TO CANCEL

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

My signature certifies that I am in agreement to the terms set forth in this agreement

Shown Coll	8-5-05
BUYER SIGNATURE	DATE

This Institution is regulated by:
THE Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

Office Us	<u>e Onl</u> y
I certify that I have complied with the Indiana Commission on Proprietary process of enrolling this student.	
Agreement accepted by:	
Signed: Janet Carroll	Education Director
DATE: 8-5-05	in the second se
and the second s	

#### Final Payment / Refund Acceptance Agreement

STUDENT NAME: Creager, Sarah Lynn

Student Date of Birth: 1/4/74

Phone: 260-357-3977

Address: 1805 Woodview Dr.

Garrett, IN 46738

Enrollment Date: 11/28/05 First Day of Class:

6/7/06

Last Date Attended: 6/5/07

Graduation Date: 6/10/07

Program Enrolled: Advanced Diploma: Therapeutic Massage and Bodywork (full-time)

Program Completed: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Price per contact hour: \$

Total Hours Completed:

397 3,056,90

Total Cost to Student (instructional): \$

Book Refund due Student: \$ Retain Enrollment Fee:

NET Cost to Student: \$ 2,909.14

Total Amount Paid: \$ 6,750.60

REFUND DUE to STUDENT: \$ 3,841.46

PAYMENT DUE to SCHOOL:

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seg).

CENTER FOR VITAL LIVING

Print name and date

**STUDENT** 

Print name and date

Sarah L Creaser

Signature

RECEIVED

JUL 3 0 2007

INDIANA COMMISSION ON PROPRIETARY EDUCATION

#### ENROLLMENT AGREEMENT

#### Full-Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

$\boldsymbol{\mathcal{C}}$	1	
NAME: O) arah	L. Creager	

DATE: 11-28-05

#### Identifiable Information other than student name Reducted from public document

through 11/30/05 \$6,790.00 \$556.02 (\$339.50) \$7343.85 (+33)  Book fees subject to change w/price increases beyond our control		Tuition	Books/Materials	5% Handling Fee	Total
	through 11/30/05	\$6.790.00		(\$339.50)	\$7343.85 (+339.50)
					r control
Payment Schedule Option (circle): A (B)		Paymer	NT Schedule Opt	rion (circle):	A(B)

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25 will be levied for payments made over five (5) days after the scheduled payment date.

A \$25 fee will be levied for checks returned by the bank.

A \$775 transfer fee will be charged to switch from full-time to part-time status. All other part-time fees will apply.

Program length is 1 year. A \$300 fee will be charged for taking additional time to complete program requirements.

Misc Fees:			
School Shirts: AVERAC	ge \$17 each depending upon size (wh	POLESALE COST TO STUDENTS)	
Class Requirements:	ONE PROFESSIONAL RELAXATION MASSAG	E	
	one Deep Tissue Massage		
*CVL RETAIL PRODUCTS:	10% discount (*some restrictions may app	oly)	
Massage Table/Chair:	10% discount on EartHlite or Custo	om Craftworks products	
Tour Handbook Refund Policy	ICOPE Contact Info School Policies Non-discrimination clause	Payment Plan Info Application Received Mec. Deposit Received	picture, l'letter

#### Buyer's Right to Cancel

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM Classes and electives, and ICOPE CONTACT INFORMATION and Refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.

Sarah & Creager 11-28-05
BUYER SIGNATURE DATE

This Institution is regulated by:
The Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

# Office Use Only I certify that I have complied with the rules and regulations of the Indiana Commission on Proprietary Education throughout the process of enrolling this student. Agreement accepted by: Signed: Janes Canal Education Director Date: 11-29-05 Date of Student Registration/Enrollment: 11-28-05

#### **Final Payment / Refund Acceptance Agreement**

STUDENT NAME: Fromm, Chasity Ann Student Date of Birth: 7/12/85 Address: PO Box 75 Phone: 260-622-9128 Yoder, IN 46798 Enrollment Date: 4/28/06 First Day of Class: 6/7/06 Last Date Attended: 4/23/07 Graduation Date: unable to complete Program Enrolled: Diploma: Therapeutic Massage and Bodywork (part-time) Program Completed: didn't complete due to closure Price per contact hour: **Total Hours Completed:** 389 Total Cost to Student (instructional): Book Refund due Student: \$ 233.52 Retain Enrollment Fee: **NET Cost to Student:** Total Amount Paid: \$ 3,514.00 REFUND DUE to STUDENT: \$ 3,747.52 PAYMENT DUE to SCHOOL:

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

Janet Carroll

Print name and date

STUDENT

date

#### ENROLLMENT AGREEMENT

#### Part-Time

DIPLOMA in Therapeutic Massage and Bodywork - 805 Hr

NAME: MUSITY CODE DATE: HDC/2820
----------------------------------

#### Identifiable Information other than student name Reducted from public document

Tuition	Books/Materials	Books/Materials	5% Handling Fee	Total
from 12/1/05®	1st Year	2nd Year		
\$7,465.00	\$233.52	\$284.39	(\$373.25)	\$7,982.91 (+ \$373.25)
	Book fees subject to	change w/price increases	beyond our control	
				* 2 2 1 V

Payment Schedule Option (circle): A B C

29mo.

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25 will be levied for payments made over five (5) days after the scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

Program length is 2 years. A \$300 fee will be charged for taking additional time to complete program requirements.

Misc Fi	EES:			tar in the		
School :	SHIRTS: AVERAGE	\$17 EAC	H depending upon si	ze (wholesale	COST TO STUDENTS)	
Class Re	quirements:	ONE PRO	fessional Relaxation M	ASSAGE		
			ep Tissue Massage			1
*CVL RET	ail Products:	10% dis	SCOUNT (*SOME RESTRICTIONS	MAY APPLY)		
MASSAGE	Table/Chair:	10% dise	COUNT ON EARTHLITE OR	CUSTOM CRA	Aftworks products	
<u></u>	Tour Handbook Refund Policy	<u></u>	ICOPE Contact Info School Policies Non-discrimination cl		Payment Plan Info Application Received Deposit Received	

#### BUYER'S RIGHT TO CANCEL

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM Classes and electives, and ICOPE CONTACT INFORMATION and Refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.

BUYER SIGNATURE

DATE

This Institution is regulated by: the Indiana Commission on Propietary Education (ICOPE) 302 West Washington Street, Room 201, Indianapolis, IN 46204 1 (800) 227-5695 or (317) 232-1320

#### Office Use Only

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED by:

Signed.

Carrell Education Director

Date:

4-28-06

DATE OF STUDENT REGISTRATION/ENROLLMENT:

4-28-06

#### Final Payment / Refund Acceptance Agreement

STUDENT	NAME:	Masuga,	Jessica	H.

Student Date of Birth: 3/9/74

Address: 6979 Pointe Inverness Way

Phone: 574-268-8807

Fort Wayne, IN 46804

Ericoliment Date: 12/31/05 First Day of Class: 1/8/05 Last Date Attended: 12/17/06 Graduation Date: 1/27/07

Program Enrolled: AAS: Therapeutic Massage and Bodywork (full-firme)

Program Completed: Advanced Diploma: Therapeutic Massage and Bodywork (full-time)

Price per contact hour: \$ Total Hours Completed: 868 Total Cost to Student (instructional): \$ 7,864.08 Book Refund due Student: Retain Enrollment Fee:

NET Cost to Student: \$ 7,864.08 Total Amount Paid: \$ 9,731.80

REFUND DUE to STUDENT: \$ 1,867.72 PAYMENT DUE to SCHOOL

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. IF the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-17-75 et sed).

CENTER FOR VITAL LIVING

Janet Carroll
Print name and date

7-26-07

STUDENT

Jessica H. Masuga 7/25/07
Print name and date

Signature

Signature

#### ENROLLMENT AGREEMENT

#### Full-Time - 2 Year Program

Associate of Applied Science in Therapeutic Massage and Bodywork - 1,216 Hr

NAME:\	Tessica	Masuca	Date:	12/3/105
	• -			

#### Identifiable Information other than student name Reducted from public document

Tuition	Books/Materials	Books/Materials	5% Handling Fee	TOTAL	
from 12/1/05	1st Year	2nd Year			
\$12,100.00	\$561.32	\$95.93	(\$605.00)	\$12,757.25+ (+\$605)	
	Book fees subject	to change w/price incre	ases beyond our control		
Payment Schedule Option (circle): A B (C)					

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25 will be levied for payments made over five (5) days after scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

A \$775 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. All other part-time fees will apply.

Program length is 2 years. A \$300 fee will be charged for taking additional time to complete program requirements.

Misc Fees:		
School Shirts: AVERAG	e \$17 each depending upon size (wholes	ALE COST TO STUDENTS)
Class Requirements:	one Professional Relaxation Massage	
	one Deep Tissue Massage	
*CVL RETAIL PRODUCTS:	10% discount (*some restrictions may apply)	
Massage Table/Chair:	10% discount on Earthlite or Custom (	Craftworks products
Tour Handbook Refund Policy	ICOPE CONTACT INFO School Policies Non-discrimination clause	Payment Plan Info Application Received Deposit Received

#### Buyer's Right to Cancel

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it or if it contains blank spaces.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM Classes and electives, and ICOPE CONTACT INFORMATION and refund policy.

I Also CERTIFY THAT I AM AWARE THIS IS A 2 YEAR CONTRACTUAL AGREEMENT TO FULFILL THE 1,216 HR AAS PROGRAM REQUIREMENTS. CVL HONORS THE COMPLETION OF THE 859 HR PROGRAM REQUIREMENTS WITH AN Advanced Diploma which allows me to begin my business upon completion of those requirements. Completion of the 805 Hr or 859 Hr Program requirements does not fulfill the requirements of this agreement.

My signature certifies that I am in agreement to the terms set forth in this agreement.

BUYER SIGNATURE

12 | 31 | 05

DATE

11/9/05

This Institution is regulated by:
The Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

## Office Use Only I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT. AGREEMENT ACCEPTED by: SIGNED: March Charle Education Director Date: 12-31-05 Date of Student Registration/Enrollment: 12-31-05

#### Final Payment / Refund Acceptance Agreement

maiden name

STUDENT NAME: Nair (Morimanno), Annette Sue

Student Date of Birth: 4/12/77

Address: 7718 Montclair Dr

Phone: 260-414-2566

Fort Wayne, IN 46804

Enrollment Date: 6/1/06 First Day of Class: 6/7/06 Last Date Attended: 4/23/07 Graduation Date: 6/10/07

Gradation Date. 0, 10, 07

Program Enrolled: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Program Completed: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Price per contact hour: \$ 9.06

Total Hours Completed: 455

Total Cost to Student (instructional): \$ 4,122.30

Book Refund due Student: \$ 315.08

Retain Enrollment Fee:

NET Cost to Student: \$ 3,807.22

Total Amount Paid: \$ 3,807.22

REFUND DUE to STUDENT: \$ 4,197.78

PAYMENT DUE to SCHOOL:

**ACKNOWLEDGEMENT:** We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

Print name and date

7-27-07

STUDENT

Print name and date

Signature

#### ENROLLMENT AGREEMENT

#### Part - Time ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

NAME: ANNETTE MORIMANNO DATE: JUNE 1,2006

#### Identifiable Information other than student name Reducted from public document

Tuition	Books/Materials	Books/Materials	5% Handling Fee	Total
from 12/1/05	1st Year	2nd Year		
\$8,005.00	\$246.24	\$309.78	(\$400.25)	\$8,566.32 (+\$400.25)
	Book fees subject t	to change w/price increa	ses beyond our control	
	Payment Schedu	le Option (circle	E): (A) B C	

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25 will be levied for payments made over five (5) days after scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

Program length is 2 years. A \$300 fee will be charged for taking additional time to complete program requirements.

Misc Fees:		
School Shirts: AVERAG	ge \$17 each depending upon size (wholesali	e cost to students)
Class Requirements:	ONE PROFESSIONAL RELAXATION MASSAGE	
	one Deep Tissue Massage	
*CVL RETAIL PRODUCTS:	10% discount (*some restrictions may apply)	
MASSAGE TABLE/CHAIR:	10% discount on Earthlite or Custom Cr	altworks products
	/	/
J Tour	√ / ICOPE CONTACT INFO	V PAYMENT Plan Info
T Handbook		Application Received
Refund Policy	Non-discrimination clause	Deposit Received

#### Buyer's Right to Cancel

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

My signature certifies that I am in agreement to the terms set forth in this agreement.

| Ob-03-06 |
| Date | Dat

This Institution is regulated by:
the Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

## Office Use Only I certify that I have complied with the rules and regulations of the Indiana Commission on Proprietary Education throughout the process of enrolling this student. Agreement accepted by: Signed: Janet Canal Education Director Date: 6-3-06 Date of Student Registration/Enrollment: 63.06

#### **Final Payment / Refund Acceptance Agreement**

STUDENT NAME: Richardson, Amy

Student Date of Birth: 7/9/82

Phone: 260-417-8604

Address: 12721 Chestnut Passway

Fort Wayne, IN 46814

Enrollment Date: 8/30/05 First Day of Class: 9/12/05 Last Date Attended: 4/18/06 Graduation Date: 6/10/07

Program Enrolled: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Program Completed: Diploma: Therapeutic Massage and Bodywork (part-time)

Price per contact hour: \$ 7.90

Total Hours Completed: 509

Total Cost to Student (instructional): \$ 4,021.10

Book Refund due Student:

Retain Enrollment Fee:

NET Cost to Student: \$ 4,021.10 Total Amount Paid: \$ 6,790.00

REFUND DUE to STUDENT: \$ 2,768.90

PAYMENT DUE to SCHOOL:

**ACKNOWLEDGEMENT:** We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

Sauet Carroll
Print name and date

8-3-07

**STUDENT** 

Print name and date

Signature

#### ENROLLMENT AGREEMENT

#### Full-Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

	in		
NAME.	A \ A \ A	Q 11	Kirlandson

DATE: 8130105

#### Identifiable Information other than student name Reducted from public document

Tuition	Books/Materials	5% Handling Fee	Tot	ral
\$6,790.00	\$556.02	(\$339.50)	\$7343.85	(+339.50)
Book fees si	ibject to change w/price	increases beyond ou	r control	
PAYME	ENT Schedule Op	tion (circle):	A I	В

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25/week may be levied for payments made over five (5) days after the scheduled payment date.

A \$25 FEE MAY bE LEVIED FOR CHECKS RETURNED by THE BANK.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. All other part-time fees will apply.

Program length is 1 year. A \$300 fee will be charged for taking additional time to complete program requirements.

Misc	Fees:			****		
Schoo	ol Shirts: Averac	E \$17 EAG	ch depending upon size (wh	IOLESALE	COST TO STUDENTS)	
Class	REQUIREMENTS:	ONE PRO	ofessional Relaxation Massage			
			EED TISSUE MASSAGE			
*CVL I	RETAIL PRODUCTS:	10% dis	COUNT (*SOME RESTRICTIONS MAY APPL	y)		]
Massa	ge Table/Chair:	10% dis	SCOUNT ON EARTHLITE OR CUSTO	om Crai	TWORKS PRODUCTS	
1/2	Tour Handbook Refund Policy		ICOPE Contact Info School Policies Non-discrimination clause	$\equiv$	Payment Plan Info Application Received Deposit Received	

#### Buyer's Right to Cancel

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM Classes and electives, and ICOPE contact information and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement

BUYER SIGNATURE BUYER SIGNATURE DATE

This Institution is regulated by:
THE Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

Office Use  I CERTIFY THAT I HAVE COMPLIED WITH	
THE INDIANA COMMISSION ON PROPRIETARY EXPRESS OF ENROLLING THIS STUDENT.	ducation throughout the
AGREEMENT ACCEPTED by: Signed: Janet Carroll	Education Director
DATE: 8-30-05	EGUCATION DIRECTOR
DATE OF STUDENT REGISTRATION/ENROLLMENT:	8.30.05

#### Final Payment / Refund Acceptance Agreement

STUDENT NAME: Ross, Richard K.

Student Date of Birth: 7/22/<del>050</del> /950

Phone: 260-432-7924

Address: 1315 Gardenia Lane

Fort Wayne, IN 46804

Enrollment Date: 10/31/05 First Day of Class: 1/8/06 Last Date Attended: 5/22/07 Graduation Date: 6/10/07

Program Enrolled: Diploma: Therapeutic Massage and Bodywork (part-time)

Program Completed: Diploma: Therapeutic Massage and Bodywork (part-time)

Price per contact hour: \$ 7.73

Total Hours Completed: 658

Total Cost to Student (instructional): \$ 5,086.34

Book Refund due Student: \$ 139.81

Retain Enrollment Fee:

NET Cost to Student: \$ 4,946.53 Total Amount Paid: \$ 6,435.00

REFUND DUE to STUDENT: \$ 1,488.47

PAYMENT DUE to SCHOOL:

**ACKNOWLEDGEMENT:** We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

Print name and date

1.300

**STUDENT** 

Richard K. Ross 7/30/07
Print name and date

Signature

#### ENROLLMENT AGREEMENT

#### Part-Time

DIPLOMA in Therapeutic Massage and Bodywork - 805 Hr

	$\sim$		
NAME:	Kichard 16055	Date:	10-31-05

#### Identifiable Information other than student name Redacted from public document

Tuition	Books/Materials	Books/Materials	5% HA	ndling Fe	E	Total	
	1st Year	2nd Year					7
\$6,440.00	\$215.55	\$291.66 + 3 books to purchase on own	(\$:	322.00)			
	Book fees subject to	change w/price increases	beyond (	our control		in the second second	
	Payment Schedul	E Option (circle):	A	$\bigcirc$ B	C		

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25/week may be levied for payments made over five (5) days after the scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

Misc F	EES:				
School	SHIRTS: AVERAGE	\$20 EA	ch depending upon size (wł	iolesale cost to students)	
Class Re	quirements: of	NE PRO	fessional Relaxation Massage		
<i>J</i>	(	DNE DE	ep Tissue Massage		
*CVL RET	ail Products: 10	% disc	COUNT (*some restrictions may appl	Ŋ	
Massage	Table/Chair: 10	% dis	COUNT ON EARTHLITE OR CUSTO	DM CRAFTWORKS PRODUCTS	
<u>/</u>	Tour Handbook Refund Policy		ICOPE Contact Info School Policies Non-discrimination clause	Payment Plan Info Application Received Deposit Received	

#### Buyer's Right to Cancel

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it or if it contains blank spaces.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM Classes and electives, and ICOPE contact information and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.

BUYER SIGNATURE

| 10 /31/05 |
Date

This Institution is regulated by:
The Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

#### Office Use Only

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY Education THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED by:

Signed: Jawa Carrel Education Director

Date: 10.31.05

Date of Student Registration/Enrollment: 10-31.05

#### Final Payment / Refund Acceptance Agreement

STUDENT NAME: Schaller, Jessica

Student Date of Birth: 1/22/85

Phone: 260-452-9244

Address: 9952 Acorn Lane

Fort Wayne, IN 46835

Enrollment Date: 9/9/05 First Day of Class: 9/12/05

Last Date Attended: 4/23/07

Graduation Date:

Program Enrolled: Advanced Diploma: Therapeutic Massage and Bodywork (full-time)

Program Completed: didn't complete due to school closure

Price per contact hour: \$

Total Hours Completed:

Total Cost to Student (instructional): \$ 4,437.00

Book Refund due Student: \$

159.42

Retain Enrollment Fee: NET Cost to Student: \$

4,277.58

Total Amount Paid: \$ 6,790.00

REFUND DUE to STUDENT: \$ 2,512.42

PAYMENT DUE to SCHOOL:

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seg).

CENTER FOR VITAL LIVING

Sauet Carroll

7-31-07

STUDENT

Jessica Schaller 7/31/07
Print name and date

#### ENROLLMENT. AGREEMENT

#### Full-Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

_ '		$C \mid I \mid$	۱۱ م
NAME: (	lessica	2000	1165

DATE: 9-9-05

#### Identifiable Information other than student name Reducted from public document

Tuition	Books/Materials	5% Handling Fee	Total			
\$6,790.00	\$556.02	(\$339.50)	\$7343.85 (+339.50)			
Book fees si	ubject to change w/price	increases beyond ou	r control			
PAYMENT SCHEDULE OPTION (CIRCLE): (A) B						

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25/week may be levied for payments made over five (5) days after the scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. All other part-time fees will apply.

PROGRAM LENGTH IS 1 YEAR. A \$300 fee will be CHARGED for TAKING ADDITIONAL TIME TO COMPLETE DROGRAM REQUIREMENTS.

Misc Fees:		
School Shirts: AVERAC	ie \$17 each depending upon size (wh	iolesale cost to students)
Class Requirements:	ONE PROFESSIONAL RELAXATION MASSAGE	
	one Deep Tissue Massage	
	10% discount (*some restrictions may appli	
Massage Table/Chair:	10% discount on Earthlite or Custo	om Craftworks products
Tour Handbook Refund Policy	ICOPE Contact Info School Policies Non-discrimination clause	Payment Plan Info Application Received Deposit Received

#### Buyer's Right to Cancel

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM Classes and electives, and ICOPE contact information and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement

Cencia, Schaller	9-9-05
BUYER SIGNATURE	DATE

This Institution is regulated by:
The Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

Office Use	Only
I CERTIFY THAT I HAVE COMPLIED WITH THE INDIANA COMMISSION ON PROPRIETARY EC PROCESS OF ENROLLING THIS STUDENT.	the rules and regulations of fucation throughout the
AGREEMENT ACCEPTED by:  Signed: Jauet Carroll  Date: 9-9-05	Education Director
DATE OF STUDENT REGISTRATION/ENROLLMENT:	9-9-05

#### Final Payment / Refund Acceptance Agreement

STUDENT NAME: Vogelgesang, Shelley A.

Student Date of Birth: 9/8/60

Address: 4133 Arlington

Phone: 260-456-1548

Fort Wayne, IN 46807

Enrollment Date: 12/29/05 First Day of Class: 1/8/06 Last Date Attended: 4/15/07 Graduation Date: 6/10/07

Program Enrolled: AAS: Therapeutic Massage and Bodywork (part-time)

Program Completed: AAS: Therapeutic Massage and Bodywork (full-time)

Price per contact hour: \$ Total Hours Completed:

Total Cost to Student (instructional): \$ 8,842.56

Book Refund due Student: Retain Enrollment Fee:

NET Cost to Student: \$ 8,842.56 Total Amount Paid: \$ 9,703.50

REFUND DUE to STUDENT: \$ 860.94

PAYMENT DUE to SCHOOL:

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

Vauet Carvo II
Print name and date

7-26-07

STUDENT

Shelley A. Vogelgesang 7-26-07
Print name and date

Mulley A. Vogelgesang
Signature 1

#### ENROLLMENT AGREEMENT

## Part-Time - 3 Year Program Associate of Applied Science in Therapeutic Massage and Bodywork - 1,216 Hr

Name:	SHELLEY	Α.	VOGELGESANG	Date:	12-26-05	
1 1/1/1/16	O.TELUCY		VUULLGLONNO	DAIL	12 24 00	

#### Identifiable Information other than student name Reducted from public document

Tuition	Books/Materials	Books/Materials	Books/Materials	5%	Handling Fe	ε	Total
from 12/1/05	1st Year	2nd Year	3rd Year				
\$12,320.00	\$246.24	\$315.08	\$95.93		(\$616.00)		\$12,977.25 (+\$616.00)
1.90 1.00	Book fees	subject to change v	v/price increases be	yond	our control		
	Payment S	Schedule Opti	on (circle):	A	В (	$\widehat{C}$	

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25 will be levied for payments made over five (5) days after scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

Program length is 3 years. A \$300 fee will be charged for taking additional time to complete program requirements.

Misc F	EES:		
School	SHIRTS: AVERAGE	\$17 EACH depending upon size (wholesale of	COST TO STUDENTS)
Class Re	Equirements: C	ONE PROFESSIONAL RELAXATION MASSAGE	
		one Deep Tissue Massage	
*CVL Ret	ail Products: 1	10% discount (*some restrictions may apply)	
Massage	Table/Chair: 10	0% discount on EartHlite or Custom Craft	works products
· · · · · · · · · · · · · · · · · · · ·	Tour Handbook Refund Po		Payment Plan Info Application Received Deposit Received

#### BUYER'S RIGHT TO CANCEL

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it or if it contains blank spaces.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM Classes and Electives, and ICOPE CONTACT INFORMATION and Refund policy.

I Also certify that I am aware this is a 3 year contractual agreement to fulfill the 1,216 Hr AAS Program requirements. CVL honors the completion of the 859 Hr Program requirements with an Advanced Diploma which allows me to begin my business upon completion of those requirements. Completion of the 805 Hr or 859 Hr Program requirements does not fulfill the requirements of this agreement.

My signature certifies that I am in agreement to the terms set forth in this agreement.

BUYER SIGNATURE OF SIGNATURE	ana	12-29-	05
BUYER SIGNATURE		DATE	

This Institution is regulated by:
The Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

## Office Use Only I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT. AGREEMENT ACCEPTED by: Signed: Jant Canal Education Director Date: 12-29-05

Date of Student Registration/Enrollment: 12-29-05

11/9/05



## Center for Vital Living, Fort Wayne, IN Refund Claim Summary

September 12, 2007

Bond #: 793339

Surety Company: Capitol Indemnity Corporation

Bond Period Start Date: 5-Jun-2006
Bond Period End Date: 5-Jun-2007
Amount of Surety: \$ 16,136.00
Amount of Claims: \$ 12,003.67
To be paid by Surety: \$ 12,003.67
To be paid by CCSAF: \$ -

Remaining Surety: \$ 4,132.33

Student Claimant(s)	Contract Date	Last Attended	Graduate	Amount Paid	Obligation	Refund
Avila, Gloria C.	29-Mar-2007	DNA	No	\$ 605.00	\$ -	\$ 605.00
Baker, Jessica Lynn	3-Aug-2006	DNA	No	\$ 800.00	\$ 100.00	\$ 700.00
Broda, Dawn	27-Dec-2006	4/22/2007	No	\$ 866.46	\$ -	\$ 866.46
Coburn, Kyra	22-Mar-2007	DNA	No	\$ 212.00	\$ -	\$ 212.00
Cook, Jeannette	22-Dec-2006	4/23/2007	No	\$ 1,868.83	\$ -	\$ 1,868.83
Eckert, Diane	9-Apr-2007	DNA	No	\$ 50.00	\$ -	\$ 50.00
Farmer, Melissa	14-Mar-2007	DNA	No	\$ 315.00	\$ -	\$ 315.00
Gall, Whitney	29-Mar-2007	DNA	No	\$ 199.00	\$ -	\$ 199.00
Gross, Natalie	15-Mar-2007	DNA	No	\$ 200.00	\$ -	\$ 200.00
Harshbarger, Julie Jean	17-Aug-2006	5/21/2007	Yes	\$ 5,122.56	\$ 5,032.62	\$ 89.94
Kaiser, Alisia	26-Mar-2007	DNA	No	\$ 225.00	\$ -	\$ 225.00
Kline, Kristen	31-Mar-2007	DNA	No	\$ 212.00	\$ -	\$ 212.00
Maxson, Jennifer, Helen	6-Sep-2006	5/21/2007	Yes	\$ 7,980.00	\$ 5,725.02	\$ 2,254.98
McGill, Sandra L.	28-Mar-2007	DNA	No	\$ 315.00	\$ -	\$ 315.00
Navarro, Delia	14-Mar-2007	DNA	No	\$ 320.00	\$ -	\$ 320.00
Ross, Amanda	28-Jul-2006	DNA	No	\$ 603.00	\$ 100.00	\$ 503.00
Shoppell, Dawn	28-Mar-2007	DNA	No	\$ 315.00	\$ -	\$ 315.00
Snidle, Robin Freedom	12-Aug-2006	5/21/2007	Yes	\$ 5,734.00	\$ 5,519.16	\$ 214.84
Wolfe, Diana Sue	2-Jan-2007	4/23/2007	No	\$ 2,537.62	\$ -	\$ 2,537.62
		•		-		
		-				



### INDIANA COMMISSION ON PROPRIETARY EDUCATION

Bond No.	793339	

KNOW ALL MEN BY THE	SE PRESENTS:					
That we, Center for Vita		Vibrant L	ife Resources	School	L of Wholistic Health	f the City
of Fort Wayne Capitol Indemnity Corporation	State of	Indiana		, as I	Principal, and	
7771		ad to transport	a corpo	ration or	ganized under the laws of t	he State of
firmly bound unto the State of	f Indiana, as Obligee, ir	ed to transact the penal su	$m \text{ of } \frac{\$18,551.0}{\$18,551.0}$	State of 00   10   10   10   10   10   10   10	Indiana, as Surety, are held	and ****
Dollars, lawful money of the executors, administrators, suc	United States, for which	h payment, w	ell and truly to	be made.	we bind ourselves, our hei	
WHEREAS, the above bound	len Principal has obtain	ed or is about	to obtain from	the said	Obligee accreditation to ope	erate an
educational institution pursua	nt to Indiana Code, Titl	e 20, Article	1, Chapter 19, a	nd the te	rm, of said accreditation is	effective:
Beginning the 5th day of	of June	, 2006	, and Ending the	5th	day of June	
WHEREAS, the Principal is r Commission on Proprietary E indemnification to any student faithfully perform all agreemed by the application for the accorneglected to maintain and oper 20, Article 1, Chapter 19.  NOW, THEREFORE, THE Coaccredited institution shall inconcompliance with or breach Principal, which said breach of provide indemnification to an ineglected to faithfully perform as represented by the application failed or neglected to maintain	ducation for the above in the control of the contro	indicated terms uffer loss or se, with the stills submitted of instruction of ins	and conditioned damage as a restudent, enrollee, in support of the nor study in control of the nor study in control of the cost, expenses, es or regulations the aforemention loss or damage e, with the studes submitted in si	ed as here ult of the or the pe nat applic npliance  at if the a or dama as pertain ned term as a rese ents, enroupport o	einafter set forth, a surety be Principal having failed or arents or guardians thereof cation, or as a result of having with the standards of India above bounden Principal as ge to it caused by said Principal to such accreditation is of said accreditation, and sult of the Principal having follee, or the parents or guarf that application, or as a re	ond to provide neglected to as represented ng failed or ana Code, Title  such cipal's sued to the shall further ailed or dians thereof sult of having
PROVIDED, that recovery un promulgated by the Commissi	der this bond shall be go on on Proprietary Educa	overned by a ation.	pplicable statuto	ry proce	dure and by applicable regi	
writing to said Obligee.						
SURETY SEAL	Signed, sealed an	d dated the	l6th day o	f May Cente Life	2006 er for Vital Living In Resources School of W	c. dba Vibrant holistic Health
	Capitol Indemnity C	orporation			Principal	
	Sure	ety	1	By		
	eye.	. 7.	far,	_		·
	By Tieles P. Pester		:		I	$\mathcal{M}$
torio (j. 1804.) (j. 1845.) se jedi Herodorio	Helen P. Parker	,A	ttorney-i n-Fact	В	Chief Administrative	Mach
Attach Power of Attorney					RECEIVED	
PM93900IN0401f						
				***	JUL 0 5 2006	
					INDIANA COMMISSION OF PROPRIETARY EDUCATION	



#### RIDER

To be attached to and form part of Bond No. 793339

Issued to: Center for Vital Living, Inc. dba Vibrant Life Resources School of Wholistic Health (Principal)

In favor of: State Of Indiana (Obligee)

It is agreed that:

Dollars

(1) The underwriter gives it consent to change the <u>Penal Sum</u> of the above mentioned bond as follows:

Old penal sum was Eighteen Thousand Five Hundred Fifty One and XX/100

New penal sum is Sixteen Thousand One Hundred Thirty Six and 36/100 Dollars

Provided, however, that the liability of the underwriter under the attached bond as changed by this rider shall not be cumulative.

(2) This rider is effective as of 12:01am on June 5, 2006.

Signed, sealed and dated this 20th day of June, 2006.

CAPITOL INDEMNITY CORPORATION

Pamela Y. Majors, Attor

la Y. Majors, Attorney in-Fac

RECEIVED

JUL 0 5 2006

INDIANA COMMISSION ON PROPRIETARY EDUCATION

#### **IMPORTANT**

This Endorsement forms a part of your Policy and should be attached to the same. Please DO NOT FAIL to have this done.

## CAPITOL INDEMNITY CORPORATION POWER OF ATTORNEY

10040689

KNOW ALL MEN BY THESE PRESENTS, That the CAPITOL INDEMNITY CORPORATION, a corporation of the State of Wisconsin, having its principal offices in the City of Madison, Wisconsin, does make, constitute and appoint

	riboonari, good make, constitute und appoint	
HELE	N P. PARKER, JAMES A. ROE, ALLEN J. GRAU, PA	AMELA Y. MAJORS
its true and lawful Attorney(s)-in-fact, to undertakings and contracts of suretyship, amount the sum of	make, execute, seal and deliver for and on its beha provided that no bond or undertaking or contract of	alf, as surety, and as its act and deed, any and all bond f suretyship executed under this authority shall exceed it
	ALL WRITTEN INSTRUMENTS IN AN AMOU	INT: \$1 500 000 00
		5111. \$1,500,000.00
This Power of Attorney is granted and in	giornad and scaled by formal and the with the	thority of the following Resolution adopted by the Boar
of Directors of CAPITOL INDEMNITY	CORPORATION at a meeting duly called and held	on the 15th day of May, 2002.
granted the power and authorization to an other writings obligatory in the nature th powers and duties usual to such offices to such power of attorney or to any certificat or facsimile seal shall be valid and bindir	ppoint by a Power of Attorney for the purposes only nereof, one or more vice-presidents, assistant secret, the business of the Corporation; the signature of su- te relating thereto by facsimile, and any such power on ag upon the Corporation in the future with respect to	acting individually or otherwise, be and they hereby ary of executing and attesting bonds and undertakings an aries and attorney(s)-in-fact, each appointee to have the ch officers and seal of the Corporation may be affixed to fattorney or certificate bearing such facsimile signature of any bond or undertaking or other writing obligatory is rewithout cause, by any of said officers, at any time."
IN WITNESS WHEREOF, the CAPITO corporate seal to be hereto affixed duly at	OL INDEMNITY CORPORATION has caused the ttested, this 1st day of February, 2005.	se presents to be signed by its officer undersigned and it
Attest:	ANALY CO	CAPITOL INDEMNITY CORPORATION
James J. Mchitya	CORPORATE 25	David & Pauly
James J. McIntyre	SEAL	David F. Pauly
Executive Vice President		President and CEO
STATE OF WISCONSIN S.S.:	Manufactures Control	
resides in the County of Dane, State of Videscribed in and which executed the above	Wisconsin; that he is President and CEO of CAPIT	rho being by me duly sworn, did depose and say: that he rol INDEMNITY CORPORATION, the corporation poration; that the seal affixed to said instrument is such that he signed his name thereto by like order.
에 보기하는 하는 바람이 되었다. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	Sure of MacCounty	11. 1 Dr.
	KATHLEEN A.	Kathleex & Faulson
	PAULSON	Kathleen A. Paulson
STATE OF WISCONSIN \ S.S.:	Nouncas .	Notary Public, Dane Co., WI
COUNTY OF DANE S.S.	CERTIFICATE	My Commission Expires 10-15-2006
Corporation, authorized to make this certif	office stated below, now the incumbent in CAPI ficate, DO HEREBY CERTIFY that the foregoing are Resolution of the Board of Directors, set forth in the second of the Board of Directors.	ITOL INDEMNITY CORPORATION, a Wisconsing attached Power of Attorney remains in full force and has the Power of Attorney is now in force.
경기 경쟁이 되고 내용한 이렇게 되었다.		0
Signed and sealed at the City of Madison,	State of Wisconsin this day of	fune ,2004.
	DE NOTO CON	
	CORPORATE	
	(SEAL)	Man & Ogenil
시 강선됐다면 하를 되었다는 것 같		Alan A. Ogilivie
너 이 4번 투자를 걸릴 것으로 하다고	PISCOSAL AMERICAN PROCESSAL PROCESSAL AMERICAN PROCESSAL PROCESSAL PRO	Secretary
HIS DOCUMENT IS NOT VALID UNLI LIGHT HAND CORNER IF YOU HAVE	ESS PRINTED ON BLUE SHADED BACKGROUN ANY OUESTIONS CONCERNING THE AUTHEN	ND WITH A RED SERIAL NUMBER IN THE UPPER TICITY OF THIS DOCUMENT CALL 800-475-4450.

CICW-POA (2-05)



#### RIDER

To be attached to and form part of Bond No. 793339

Issued to: Center for Vital Living, Inc. dba Vibrant Life Resources School of Wholistic Health (Principal)

In favor of: State Of Indiana (Obligee)

It is agreed that:

(1) The underwriter gives it consent to change the <u>Principal Name</u> of the above mentioned bond as follows:

Old <u>Principal Name</u> was <u>Center for Vital Living, Inc. dba Vibrant Life Resources</u> <u>School of Wholistic Health</u>

New Principal Name is Center for Vital Living, Inc.

Provided, however, that the liability of the underwriter under the attached bond as changed by this rider shall not be cumulative.

(2) This rider is effective as of 12:01am on <u>June 5, 2006</u>.

Signed, sealed and dated this 20th day of June, 2006.

CAPITOL INDEMNITY CORPORATION

Pamela Y. Majors/

**RECEIVED** 

JUL 0 5 2006

INDIANA COMMISSION ON PROPRIETARY EDUCATION

**IMPORTANT** 

This Endorsement forms a part of your Policy and should be attached to the same. Please DO NOT FAIL to have this done.

## CAPITOL INDEMNITY CORPORATION POWER OF ATTORNEY

10040690

KNOW ALL MEN BY THESE PRESENTS, That the CAPITOL INDEMNITY CORPORATION, a corporation of the State of Wisconsin, having its principal offices in the City of Madison, Wisconsin, does make, constitute and appoint

principal offices in the City of Madison,	Wisconsin, does make, co	onstitute and appoint			
HELE	N P. PARKER, JAMES A	A. ROE, ALLEN I. GRA	U, PAMELA Y. MAJÓRS —		
its true and lawful Attorney(s)-in-fact, to undertakings and contracts of suretyship amount the sum of					
				paka jir.	
	ALL WRITTEN IN:	STRUMENTS IN AN A	MOUNT: \$1,500,000.00		Jac. Statement
This Power of Attorney is granted and is of Directors of CAPITOL INDEMNITY					d by the Board
"RESOLVED, that the President, and E granted the power and authorization to a other writings obligatory in the nature the powers and duties usual to such offices to such power of attorney or to any certificator facsimile seal shall be valid and binding the nature thereof to which it is attached.	ppoint by a Power of Al hereof, one or more vice to the business of the Cor te relating thereto by fac ng upon the Corporation Any such appointment	ttorney for the purpose e-presidents, assistant poration, the signature simile, and any such pon in the future with resmay be revoked, for care	es only of executing and attessecretaries and attorney(s)-in- of such officers and seal of to wer of attorney or certificate pect to any bond or undertaking use, or without cause, by any	ting bonds and ur- fact, each appoint he Corporation in bearing such facsi ing or other writin of said officers, a	ndertakings and attee to have the ay be affixed to imile signatures ag obligatory in it any time."
IN WITNESS WHEREOF, the CAPITO corporate seal to be hereto affixed duly a			ed these presents to be signed	by its officer und	ersigned and its
corporate sear to be necessian ixed dury a	tiested, this 1st day of f	eoruary, 2005.			
Attest:			CAPITOL INE	DEMNITY CORP	ORATION
James J. Mchitya		CORPORATE ST.	Davis	u % /a	uly)
James J. McIntyre		(SEAL)	David F. Pauly		
Executive Vice President		\OMAL)	President and C	EO	ay ing andany
STATE OF WISCONSIN S.S		Wisconsh			
On the 1st day of February, 2005 before resides in the County of Dane, State of described in and which executed the aborcorporate seal; that it was so affixed by o	Wisconsin; that he is Prove instrument; that he kn	resident and CEO of concept of the same of	APITOL INDEMNITY Co id corporation; that the seal a ton and that he signed his nar	ORPORATION, If ixed to said inst	the corporation trument is such order.
		PAULSON )*	K	athleen A. Paulson	
STATE OF WISCONSIN S.S.:		CERTIFICATE	Notary	anneen A. Faulson Public, Dane Co hission Expires 10	., WI
I, the undersigned, duly elected to the Corporation, authorized to make this certi not been revoked; and furthermore, that the	ficate, DO HEREBY C	ERTIFY that the foreg	going attached Power of Attor	ney remains in fu	
Signed and sealed at the City of Madison	, State of Wisconsin this	· <u>えの</u> day	of June.	2006	
		SEAL)	O Llan Alan A. Ogilivio	10	Vilvie
		**SCOKS**	Secretary		
THIS DOCUMENT IS NOT VALID UNL RIGHT HAND CORNER. IF YOU HAVE					

CICW-POA (2-05)

#### **Final Payment / Refund Acceptance Agreement**

STUDENT NAME: <b>Avila, Gloria C.</b> Student Date of Birth: 8/1/84 Phone: 260-672-1404	Address: 336 Clark St Roanoke, IN 46783
Enrollment Date: First Day of Class: Last Date Attended: Graduation Date:	3/29/07
Program Enrolled: AAS: Therapeutic Massa	age and Bodywork (full-time)
Program Completed: closed before starting	
Price per contact hour: Total Hours Completed: Total Cost to Student (instructional): Book Refund due Student: Retain Enrollment Fee: NET Cost to Student: Total Amount Paid:  REFUND DUE to STUDENT: PAYMENT DUE to SCHOOL:	\$ 605.00 \$ 605.00
<b>ACKNOWLEDGEMENT:</b> We, the undersigned, agree and representation of the instructional and account activity be the account balance reflects additional payment due to the consistent with the original enrollment agreement. If the student, this document, along with the student record, so Proprietary Education as CLAIM FOR REFUND PAYMENT of College Student Assurance Fund, as allowable under Indiana.	etween the STUDENT and CENTER FOR VITAL LIVING. If he school, the student agrees to pay this amount, a account balance reflects that a refund is due the hall be submitted to the Indiana Commission on rom the Institutional Surety Bond and/or the Career

Print name and date

CENTER FOR VITAL LIVING

7-31-07

STUDENT

Print name and date

Signature

## CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY 6109 W. Jefferson Blvd, Fort Wayne, IN 46804 (260) 436-8807

#### ENROLLMENT AGREEMENT

Full-Time - 2 Year Program

Associate of Applied Science in Therapeutic Massage and Bodywork - 1,216 Hr

NAME: Gloria	C. Avila	DATE: 3 29 07
——— ·	~ T	

#### Identifiable Information other than student name Redacted from public document

Tuition	Books/Materials	Books/Materials	15% Handling Fee	Total t+H	
	1st Year	2nd Year	***************************************		
\$12,100.00	\$561.32	\$95.93	(\$1,815.00)	\$12,100+\$1,815= \$13,915	
	Book fees subject	to change w/price incre	ases beyond our control		
Payment for 48 month plan: \$290/mo x 48mos					

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25 will be levied for payments made over five (5) days after scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

A \$375 TRANSFER FEE WILL DE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. All other part-time fees will apply.

PROGRAM LENGTH IS 2 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

Misc Fees:		
School Shirts: AVERAG	e \$17 each depending upon size (wholesa	LE COST TO STUDENTS)
Class Requirements:	ONE PROFESSIONAL RELAXATION MASSAGE	,
·	ONE DEED TISSUE MASSAGE	
*CVL RETAIL PRODUCTS:	10% discount (*some restrictions may apply)	
	10% discount on Earthlite or Custom C	Craftworks products
	·	
/ Tour	/ ICOPE CONTACT INFO	PAYMENT Plan Info
/ Handbook	School Policies	Application Received
Refund Policy	Non-discrimination clause	- Deposit Received
		= -F = 311 1102112

#### BUYER'S RIGHT TO CANCEL

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it or if it contains blank spaces.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM Classes and electives, and ICOPE contact information and refund policy.

I also certify that I am aware this is a 2 year contractual agreement to fulfill the 1,216 Hr AAS Program requirements. CVL honors the completion of the 859 Hr Program requirements with an Advanced Diploma which allows me to begin my business upon completion of those requirements. Completion of the 805 Hr or 859 Hr Program requirements does not fulfill the requirements of this agreement.

	REEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.
Alli (1 - )	3/28/67
BUYER SIGNATURE	DATE

This Institution is regulated by:
The Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

# Office Use Only I certify that I have complied with the rules and regulations of the Indiana Commission on Proprietary Education throughout the process of enrolling this student. Agreement accepted by: Signed: Janet Carrall Education Director Date: 3-29-07 Date of Student Registration/Enrollment: 3-29-07

12/1/05

#### **Final Payment / Refund Acceptance Agreement**

Stu	dent Date of Birth:	B <b>aker, Jessica Lyn</b> 11/24/86 260-667-0518		5118 Truempe		
	Phone: A	Enrollment Date: First Day of Class: Last Date Attended:	8/3/06	Fort Wayne, IN	140033	
		Graduation Date:				Representation of the contract
	Program Enrolled: A	Advanced Diploma: The	erapeutic Massa	ge and Bodywo	k (full-time)	
P	rogram Completed: o	closed before starting				
	7	Price per contact hour: Total Hours Completed: Student (instructional)	0			
	1	Student (instructional): k Refund due Student:		•		
	•	etain Enrollment Fee:	\$ 100.00	per Commissio	ner Weber	
		NET Cost to Student: Total Amount Paid:				
	REF	UND DUE to STUDENT:	\$ 700.00			
	PAYI	MENT DUE to SCHOOL:				:
	· · · · ·					
represe	ntation of the instructio	ne undersigned, agree an nal and account activity b	etween the STUD	DENT and CENTER	FOR VITAL LIV	ING. If
the acco	unt balance reflects ad	ditional payment due to to liment agreement. If th	the school, the stu	udent agrees to p	ay this amount,	
student,	this document, along v	with the student record, s	hall be submitted	l to the Indiana d	ommission on	
Propriet	ary Education as CLAIM	FOR REFUND PAYMENT I	from the Institution	onal Surety Bond	and/or the Care	er
conege	Student Assurance Fun	d, as allowable under Ind	iana Law (IC 20-1	12-76 et seq ).		
,						
CENTER	R FOR VITAL LIVING		STUDENT			
	met Carroll		Lessica L	Baker	7-25-07	
	ime and date		Print name and		•	
	7-26-07		$\bigcirc$ 0	h .		
7			Signature	Laker -	1-25-57	
				-		
			titan	The state of the s		
				regarding of the control of the cont		

## CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY 6109 W. Jefferson Blvd, Fort Wayne, IN 46804 (260) 436-8807

#### ENROLLMENT AGREEMENT

#### Full-Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

NAME: <	Jessim	Payor	Date:	8-3-0	0	
						- ( i

#### Identifiable Information other than student name Reducted from public document

	Tuition	Books/Materials	5% HANdling FEE	Total	
from 12/1/05	\$7,785.00	\$561.32 ···	(\$389.25)	\$8,346.32 + (389.25)	went
	Book fees subject to change w/price increases beyond our control				
	PAYMENT SCHEDULE OPTION (CIRCLE): A (B)				

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25 will be levied for payments made over five (5) days after scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

A \$775 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. All other part-time fees will apply.

Program length is 1 year. A \$300 fee will be charged for taking additional time to complete program requirements.

Misc Fees:						
School Shirts: AVERAC	School Shirts: average \$17 each depending upon size (wholesale cost to students)					
Class Requirements:	one Professional Relaxation Massage					
	one Deep Tissue Massage					
1	10% discount (*some restrictions may apply)					
Massage Table/Chair:	10% discount on Earthlite or Custom Craftworks products	_				
Tour Handbook Refund Policy	<ul> <li>ICOPE Contact Info</li> <li>School Policies</li> <li>Non-discrimination clause</li> </ul> Payment Plan Info <ul> <li>Application Received</li> <li>Deposit Received</li> </ul>					

#### BUYER'S RIGHT TO CANCEL

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer OR HIS SUCCESSORS IN INTEREST ARISING UNDER THIS AGREEMENT.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I certify that I have received a copy of the School's current Handbook, tuition payment schedule, schedule of core curriculum classes and electives, and ICOPE contact information and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.

$\alpha$	emon & Rakou 8-3-Clo	
BUX	ER SIGNATURE DATE	À
U	Jones Baker has my permission.	70
	veluere information.	
	This Institution is regulated by:	

Office

THE INDIANA COMMISSION ON PRODIETARY Education (ICOPE) 302 West Washington Street, Room 201, Indianapolis, IN 46204 1 (800) 227-5695 OR (317) 232-1320

ONLY

USE

I certify that I have complied with the Indiana Commission on Proprietary Edprocess of enrolling this student.	
AGREEMENT ACCEPTED by: Signed: Quet Carroll	Education Director
DATE: 8-3-06	
Date of Student Registration/Enrollment:	8-3-06

#### **Final Payment / Refund Acceptance Agreement**

STUDENT NAME:	Broda, Dawn		
Student Date of Birth:	10/23/65	Address:	4708 Kyle Rd
Phone:	260-418-3812		Fort Wayne, IN 46809
4-	Enrollment Date:	12/27/06	
	First Day of Class:	1/7/07	
	Last Date Attended:	4/22/07	
	Graduation Date:	unable to com	plete
Program Enrolled:	Advanced Diploma: The	erapeutic Massa	ge and Bodywork (part-time
Program Completed:	closed before finished		
	Price per contact hour:		
	Total Hours Completed:		_
	Student (instructional):		<b>-</b>
	ok Refund due Student:		-
	Retain Enrollment Fee:		-
	NET Cost to Student:	***************************************	-
	Total Amount Paid:		•
REI	FUND DUE to STUDENT:	\$ 866.46	•
PAY	MENT DUE to SCHOOL:		

**ACKNOWLEDGEMENT:** We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING	STUDENT
Janet Carroll 8_//_07	Dawn Broda 8-11-2007
Print name and date	Print name and date
	Dausn R Brooks Signature

pawn

CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY 6109 W. Jefferson Blvd, Fort Wayne, IN 46804 (260) 436-8807

#### ENROLLMENT AGREEMENT

## P a r t - T i m e ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

Name:	Down	Borda	DATE: Q 127/06
	137: 17.74	Yes A A A A A A A A A A A A A A A A A A A	

#### Identifiable Information other than student name Redacted from public document

Tuition	Books/Materials	Books/Materials	Handling Fee	Total	
	1st Year	2nd Year	15%		
\$8,005.00	\$246.24	\$309.78	1200.75	8005.00(T) +1200.75(H)=	9205.7
	Book fees subject	to change w/price increa	ses beyond our control		
MANUAL CONTRACTOR OF THE PROPERTY OF THE PROPE			48 mo.	T=/63.20	16

A (B)

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25 will be levied for payments made over five (5) days after scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

Payment Schedule Option (circle):

Program length is 2 years. A \$300 fee will be charged for taking additional time to complete program requirements.

Misc Fees:					
School Shirts: average \$17 each depending upon size (wholesale cost to students)					
Class Requirements:	one Professional Relaxation Massage				
	one Deep Tissue Massage				
	10% discount (*some restrictions may apply)				
Massage Table/Chair:	10% discount on EartHlite or Custom Cra	ftworks products			
Tour Handbook Refund Policy	<ul><li>ICOPE CONTACT INFO</li><li>School Policies</li><li>Non-discrimination clause</li></ul>	<ul><li>Payment Plan Info</li><li>Application Received</li><li>Deposit Received</li></ul>			

#### Buyer's Right to Cancel

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM Classes and electives, and ICOPE contact information and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.

BUYER SIGNATURE

This Institution is regulated by:
the Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

#### Office Use Only

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED by:

Signed: Janet Carroll

**Education Director** 

Date: 12.

DATE OF STUDENT REGISTRATION/ENROLLMENT:

12-27-06

#### **Final Payment / Refund Acceptance Agreement**

STUDENT NAME: <b>Coburn, Kyra</b> Student Date of Birth: 7/12/88 Phone: 260-495-3021	Address: PO Box 53 Fremont, IN 46737
Enrollment Date: First Day of Class: Last Date Attended: Graduation Date:	3/22/07
	erapeutic Massage and Bodywork (full-time)
Program Completed: closed before starting	
Price per contact hour:	
Total Cost to Student (instructional)	
Total Cost to Student (instructional): Book Refund due Student:	
Retain Enrollment Fee:	
NET Cost to Student:	
Total Amount Paid:	\$ 212.00
REFUND DUE to STUDENT:	\$ 212.00
PAYMENT DUE to SCHOOL:	

**ACKNOWLEDGEMENT:** We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

Print name and date

7-25-07

**STUDENT** 

Print name and date

Signature

RECEIVED

JUL 3 0 2007

INDIANA COMMISSION ON PROPRIETARY EDUCATION

## CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY 6109 W. Jefferson Blvd, Fort Wayne, IN 46804 (260) 436-8807

#### ENROLLMENT AGREEMENT

#### Full-Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

TANKS COLON	NAME:	Kura	Coburn
-------------	-------	------	--------

DATE: 3-12-07

#### Identifiable Information other than student name Reducted from public document

Tuition	Books/Materials	15% Handling Fee	TOTAL (T+H)	
\$7,785.00	\$561.32	\$1,168.00	\$7785 + (\$1168)= \$8953	
Book fees su	bject to change w/price	e increases beyond ou	r commol	
Paymen	NT Schedule Opt	тіон (circle):	A 🕲 (৪기/	mo X 48 months

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25 will be levied for payments made over five (5) days after scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. All other part-time fees will apply.

PROGRAM LENGTH IS 1 YEAR. A \$300 fee will be charged for taking additional time to complete program requirements.

Misc Fees:									
School Shirts: average \$17 each depending upon size (wholesale cost to students)									
Class Requirements:	Class Requirements: One Professional Relaxation Massage								
	ONE DEED TISSUE MASSAGE								
*CVL RETAIL PRODUCTS:	10% discount (*some restrictions may apply)								
Massage Table/Chair:	10% discount on Earthlite or Custom Craftworks products								
Tour Handbook Refund Policy	ICOPE Contact Info School Policies Non-discrimination clause Payment Plan Info Application Received Deposit Received								

#### BUYER'S RIGHT TO CANCEL

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

My signature certifies that I am in agreement to the terms set forth in this agreement.

	Cobum	3-12-0	7
BUYER USIGNA	TURE	DATE	

This Institution is regulated by: the Indiana Commission on Propietary Education (ICOPE) 302 West Washington Street, Room 201, Indianapolis, IN 46204 1 (800) 227-5695 or (317) 232-1320

# Office Use Only I certify that I have complied with the rules and regulations of the Indiana Commission on Proprietary Education throughout the process of enrolling this student. Agreement accepted by: Signed: Jawet Carrell Education Director Date: 3-12-07 Date of Student Registration/Enrollment: 3-22-07

#### Final Payment / Refund Acceptance Agreement

STUDENT NAME: **Cook, Jeannette**Student Date of Birth: 7/23/53 Address: 16610 Comer Rd
Phone: 260-639-6245 Fort Wayne, IN 46819

Enrollment Date: 12/22/06
First Day of Class: 1/7/07
Last Date Attended: 4/23/07
Graduation Date:

Program Enrolled: Advanced Diploma: Therapeutic Massage and Bodywork (full-time)

Program Completed: closed before finished

Price per contact hour:
Total Hours Completed:
Total Cost to Student (instructional):
Book Refund due Student:
Retain Enrollment Fee:
NET Cost to Student:
Total Amount Paid:
\$ 1,308.52

REFUND DUE to STUDENT: \$ 1,868.83

PAYMENT DUE to SCHOOL: \_\_\_\_\_

**ACKNOWLEDGEMENT:** We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING	STUDENT
Janet Carroll 8/11/07	Jeannette Cook 8/13/07
Print name and date	Print name and date
	Jeannette Cook
	Signature

## CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY 6109 W. Jefferson Blvd, Fort Wayne, IN 46804 (260) 436-8807

#### ENROLLMENT AGREEMENT

#### Full-Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

NAME:	Jeannette	Caok	Date	12/22/0	12
1 4/41ASE	· • • • • • • • • • • • • • • • • • • •	C001 -	DAIE.	1042210	6

#### Identifiable Information other than student name Redacted from public document

Tuition	Books/Materials	5% Handling Fee	Total				
\$7,785.00	7,785.00 \$561.32 (\$389.25)		\$8,346.32 + (389.25)				
Book fees subject to change w/price increases beyond our control  PAYMENT SCHEDULE OPTION (CIRCLE): A B							

Any other payment arrangements must be documented and approved by Center for Vital Tuition Living Administration.

À late payment fee of \$25 will be levied for payments made over five (5) days after scheduled payment date.

Parenert

A \$25 fee may be levied for checks returned by the bank.

# 180.52/MO

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. All other part-time fees will apply.

X 48 mo.

PROGRAM LENGTH IS 1 YEAR. A \$300 fee will be charged for taking additional time to complete program requirements.

		W							
Misc Fees:									
School Shirts: average \$17 each depending upon size (wholesale cost to students)									
Class Requirements:	ONE PROFESSIONAL RELAXATION MASSAGE	· · · · · · · · · · · · · · · · · · ·							
-	ONE DEED TISSUE MASSAGE								
*CVL RETAIL PRODUCTS:	10% discount (*some restrictions may app	oly)							
Massage Table/Chair:	10% discount on Earthlite or Custo	OM CRAFTWORKS PRODUCTS							
		-							
Tour	ICOPE CONTACT INFO School Policies	PAYMENT Plan Info							
Handbook	School Policies	Application Received							
Refund Policy	Non-discrimination clause	DEPOSIT RECEIVED							

#### BUYER'S RIGHT TO CANCEL

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

My signature certifies that I am in agreement to the terms set forth in this agreement.

_ geannette 7. Cook	12-22-06
Buyer Signature	DATE

This Institution is regulated by:
The Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

Office Use	Only						
I certify that I have complied with the rules and regulations of the Indiana Commission on Proprietary Education throughout the process of enrolling this student.							
AGREEMENT ACCEPTED by: Signed: Janet Carroll Date: 12-22-06	Education Director						
Date of Student Registration/Enrollment:	12.22.06						

#### **Final Refund Acceptance Agreement Continuing Education**

STUDENT NAME: Eckert, Diane Student Date of Birth: unknown

Phone: 317-809-2052

Address: 253 N Arsenal Ave

Indianapolis, IN 46201

Registration Date: 4/9/07

Full amount paid: \$50.00

Class cancelled: due to closure

Course Enrolled: Precision Neuromuscular Therapy - Upper Extremity

Total Hours Completed:

Total Amount Paid:

REFUND DUE to STUDENT:

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. The account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

DIANE ECKERT

Print name and date

7/17/07

Janet Carroll

1-24-07

STUDENT

DIANG ECKERT
Print name and date

When I have a bout

JUL 3 0 2007

INDIANA COMMISSION ON PROPRIETARY EDUCATION

USTOMER'S	ORDE	R NO.			DEPT.			1	TE: 1-9-	٥٦_	CHARACTER STATE
IAME:	12	ne_	ECK	ER	+						_
ADI			Was a		2 8862	20 12	ie.				50000
CIT	dent					m studer coment	it nam	e			
SOLD BY:			CASH	C.C	).D.	CHARGE	ON	ACCT.	MDSE RTD.	PAID OU	П
				DESCRIP	TION		paratisis estamana	PRICE		OUNT	
QUANTITY	1			DESCRIP					20	clas	2
		NA	AT	Mi	AWF		1255		100		
	$\begin{vmatrix} 1 \\ 3 \end{vmatrix}$	P	al a	S D	Som	mar,	Chi		3	100	0
	4		<del></del>								
	5	Dei	XS17	FOR	N	MT_	:		\$ 2	50,C	X)
	6		May	16	<i>lass</i>		-4	2e}	und		
	]7[_								lo		· ·
	8	117	<del>-20 (</del>	5				dr	1 7 DEN	اس	
	]9]_	(h.			<u> </u>			D-	- de-		
	10	- <u>- 1</u> - 1 - 1 - 1			<del></del>						<del></del>
	11 -				<del></del>			-			
	12			daj et i							
	13		N j	<u>.</u>	<del></del>		·				
	14	The state of									
RECEIVED BY	15			777							
KECEIVED BY	•		No. of the last								

KEEP THIS COPY FOR YOUR RECORDS ©2001 REDIFORM® 5L350

#### **Final Payment / Refund Acceptance Agreement**

STUDENT NAME: <b>Farmer, Melissa</b> Student Date of Birth: 2/25/70 Address: PO Box 252 Phone: 260-479-7697 Waterloo, IN 46793
Enrollment Date: 3/14/07 First Day of Class: Last Date Attended: Graduation Date:
Program Enrolled: AAS: Therapeutic Massage and Bodywork (full-time)
Program Completed: closed before starting
Price per contact hour: Total Hours Completed: Total Cost to Student (instructional): Book Refund due Student: Retain Enrollment Fee: NET Cost to Student: Total Amount Paid: \$ 315.00
REFUND DUE to STUDENT: \$ 315.00
PAYMENT DUE to SCHOOL:
KNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is

**ACKNOWLEDGEMENT:** We, the undersigned, agree and acknowledge that the above record is an accurrepresentation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LI the account balance reflects additional payment due to the school, the student agrees to pay this amoun consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Cal College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq.).

CENTER FOR VITAL LIVING

Valuet Carvo | 1

Print name and date

1-30-07

Melissa Farmer 27
Print name and date

Melissa Valle

## CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY 6109 W. Jefferson Blvd, Fort Wayne, IN 46804 (260) 436-8807

#### ENROLLMENT AGREEMENT

Full-Time - 2 Year Program

Associate of Applied Science in Therapeutic Massage and Bodywork - 1,216 Hr

NAME: MP LISSA FOIRMOR

DATE: 14, March

#### Identifiable Information other than student name Reducted from public document

Tuition	Books/Materials	Books/Materials	15% Handling Fee	Total t+H
	1st Year	2nd Year		
	(PAID BY	CVL)		\$12,100+\$1,815=
\$12,100.00	\$561.32	\$95.93	(\$1,815.00)	\$13,915
	Book fees subject	to change w/price incre	ases beyond our control	
	Payment for 4	48 month plan: S	\$290/мо х 48моs	

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25 will be levied for payments made over five (5) days after scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

A \$775 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. All other part-time fees will apply.

PROGRAM LENGTH IS 2 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

Misc Fees:		
School Shirts: AVERAC	e \$17 each depending upon size (wholesa	le cost to students)
Class Requirements:	ONE PROFESSIONAL RELAXATION MASSAGE	
	one Deep Tissue Massage	
*CVL RETAIL PRODUCTS:	10% discount (*some restrictions may apply)	
Massage Table/Chair:	10% discount on Earthlite or Custom C	Craftworks products
<ul><li>✓ Tour</li><li>✓ Handbook</li><li>✓ Refund Policy</li></ul>	ICOPE CONTACT INFO School Policies Non-discrimination clause	Payment Plan Info Application Received Deposit Received

#### Buyer's Right to Cancel

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it or if it contains blank spaces.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer OR HIS SUCCESSORS IN INTEREST ARISING UNDER THIS AGREEMENT.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A CODY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION DAYMENT schedule, schedule of core curriculum classes and electives, and ICOPE contact information and refund policy.

I Also certify that I am aware this is a 2 year contractual agreement to fulfill the 1,216 Hr AAS Program requirements. CVL Honors the completion of the 859 Hr Program requirements WITH AN Advanced Diploma which allows me to begin my business upon completion of those REQUIREMENTS. COMPLETION OF THE 805 HR OR 859 HR PROGRAM REQUIREMENTS does not fulfill THE REQUIREMENTS OF THIS AGREEMENT.

My signature certifies that I am in agreement to the terms set forth in this agreement.

This Institution is regulated by: THE INDIANA COMMISSION ON PRODIETARY EDUCATION (ICOPE)

302 WEST WASHINGTON STREET, ROOM 201, Indianapolis, IN 46204 1 (800) 227-5695 OR (317) 232-1320

#### Office Use Only

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY Education THROUGHOUT THE process of enrolling this student.

AGREEMENT ACCEPTED by:

Panel Cursel\_\_\_ Education Director Signed: (

DATE of Student Registration/Enrollment:

3-14-07

12/1/05

#### **Final Payment / Refund Acceptance Agreement**

STUDENT NAME: Gall, Whitney S.

Student Date of Birth: 12/20/86

Phone: 574-457-4975

Address: 13793 US 6

Syracuse, IN 46567

Enrollment Date: 3/29/07

First Day of Class: Last Date Attended: Graduation Date:

Program Enrolled: Diploma: Therapeutic Massage and Bodywork (full-time)

Program Completed: closed before starting

Price per contact hour:

Total Hours Completed:

Total Cost to Student (instructional):

Book Refund due Student:

Retain Enrollment Fee: **NET Cost to Student:** 

Total Amount Paid: \$ 199.00

REFUND DUE to STUDENT: \$ 199.00

PAYMENT DUE to SCHOOL:

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seg).

CENTER FOR VITAL LIVING

Valuet Carroll
Print name and date

8-13-07

STUDENT

Gall 8/13/06

## CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY 6109 W. Jefferson Blvd, Fort Wayne, IN 46804 (260) 436-8807

#### ENROLLMENT AGREEMENT

#### Full-Time

DIPLOMA in Therapeutic Massage and Bodywork - 805 Hr

Name:	Whitney	S,	Gall		J	DATE:	3/19/07
	56565 NR - 476253886	AL ARSON	0000 W-2	MEN	90077	1945A7	900 AS 69

#### Identifiable Information other than student name Redacted from public document

			v <u> </u>	
Tuition	Books/Materials	15% Handling Fee	TOTAL T+H	
\$7,245.00	\$517.91	\$1,087.00	\$7,245 (+\$1087)= \$8332	
Bookf	ges subject to dhange w	/price inoreases beyon	d our connol	
Рауме	ENT Schedule: \$17	74/ MONTH x 48	MONTHS T=	147.90 H = 26.10

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25 will be levied for payments made over five (5) days after the scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

A \$375 TRANSFER FEE WILL DE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. All OTHER PART-TIME FEES WILL APPLY.

PROGRAM LENGTH IS 1 YEAR. A \$300 fee will be charged for taking additional time to complete program requirements.

Misc Fees:	
School Shirts: average \$17 each depending upon size (wholesale Class Requirements: one Professional Relaxation Massage	COST TO STUDENTS)
ONE DEED TISSUE MASSAGE *CVL RETAIL PRODUCTS: 10% DISCOUNT (*SOME RESTRICTIONS MAY APPLY) MASSAGE TABLE/CHAIR: 10% DISCOUNT ON EARTHLITE OR CUSTOM CR	Aftworks products
Tour ICOPE Contact Info Handbook School Policies Refund Policy Non-discrimination clause	Payment Plan Info Application Received Deposit Received

#### BUYER'S RIGHT TO CANCEL

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

#### Notice To Buyer

- 1. Do not sign this agreement before you read it.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or \$10% Handling Fee

I CERTIFY THAT I HAVE RECEIVED A COPY ( 623 SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASS 801 AND REFUN PAYMENT SCHEDULE: \$350/MO X 24 MOS

\$7,785 + (\$623)= \$8408 \$8,005 (+\$801)=\$8,805

Payment Schedule: \$245/ month x 36 months

BUYER SIGNATURE

DATE

This Institution is regulated by: the Indiana Commission on Propietary Education (ICOPE) 302 West Washington Street, Room 201, Indianapolis, IN 46204 1 (800) 227-5695 or (317) 232-1320

# Office Use Only I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REQUIATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT. AGREEMENT ACCEPTED by: Signed: Janet Canal Education Director Date: 3-29-07 Date of Student Registration/Enrollment: 3-29-07

#### **Final Refund Acceptance Agreement Continuing Education**

STUDENT NAME: Gross, Natalie

Student Date of Birth: unknown

Phone: 317-363-9984

Address: 9074 Rider Dr

Fishers, IN 46038

Registration Date: 3/15/07

Full amount paid: \$200.00

Class cancelled: due to closure

Course Enrolled: Precision Neuromuscular Therapy - Upper Extremity

Total Hours Completed:

Total Amount Paid: \$

200.00

REFUND DUE to STUDENT: \$

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. The account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et sea).

CENTER FOR VITAL LIVING

Print name and date

1-25-07

STUDENT

CUSTOMER'S ORDER NO.	DEPT.	DAT	3/15/0	7
IAME: Natolie	6/055			
DDRI		00 600 600		
	ole Information other than s Redacted from public docum			
	CASH C.O.D. CHARGE	JUN ACCI.	PAID	OUT
SOLD BY:	CASH	The second secon	er nagoni	ngodo-aus
and the second s	DESCRIPTION	PRICE	AMOUNT	
QUANTITY / /				
	wit In			-
	PAIMI		200	do
4			A STATE OF THE PARTY OF THE PAR	
5		A STATE OF THE PARTY OF THE PAR		دق
6	VISA		200_	
7			1,0-	
8		Lind	closure	
9		replace to	close	+-
10	5057(170)	7		+
11	3109 West Jefferson	Blvd		+
12	Earl Wayne IN 40	<del>004</del>		+-
13	(260) 436-880	7		-
14	A. S.		-	+-
15				
RECEIVED BY:				Navanisties

KEEP THIS COPY FOR YOUR RECORDS

#### Final Payment / Refund Acceptance Agreement

STUDENT NAME: Harshbarger, Julie Jean

Student Date of Birth: 3/24/56

Address: 6207 Hunter Wood Dr

Phone: 260-485-3801

Fort Wayne, IN 46835

Enrollment Date: 8/17/06 First Day of Class: 9/11/06 Last Date Attended: 5/21/07 Graduation Date: 6/10/07

Program Enrolled: Diploma: Therapeutic Massage and Bodywork (full-time)

Program Completed: Advanced Diploma: Therapeutic Massage and Bodywork (full-time)

Price per contact hour: \$ Total Hours Completed:

Total Cost to Student (instructional): \$ 5,121.60

Book Refund due Student: \$ 88.98

Other: \$

NET Cost to Student: \$ 5,032.62 Total Amount Paid: \$ 5,122.56

REFUND DUE to STUDENT: \$ 89.94

PAYMENT DUE to SCHOOL:

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seg ).

CENTER FOR VITAL LIVING

and Carroll 7-12-07

Print name and date

STUDENT

Julie Harshbarger 7/12/07
Print name and date

Sizelli Harshbarger

Sizelli Harshbarger

#### CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY 6109 W. Jefferson Blvd, Fort Wayne, IN 46804 (260) 436-8807

#### ENROLLMENT AGREEMENT

#### Full-Time

DIPLOMA in Therapeutic Massage and Bodywork - 805 Hr

NAME: SILL	ie Har	shbornor	Date:	8/17/06	E 77
<u>/</u> <u> </u>		ble Informati Redacted from	SARCEAN 1/2		
	Tuition	Books/Materials	5% Handling Fee	Total	app fee sign paymer
from 12/1/05	\$7,245.00	\$517.91	(\$362.25)	\$7,762.91 (+\$362.25)	app. Fee wall of \$25 off 1st parmer \$560 ist pmt \$584/ma
	Book f	ees subject to change w	/price increases beyon	d our control	12 pml 2589/1100
Payment Schedule Option (circle): A (B)					
_					A Commence of the Commence of

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25 will be levied for payments made over five (5) days after THE SCHEDULED DAYMENT DATE.

A \$25 fee may be levied for checks returned by the bank.

11

A \$775 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. All other part-time fees will apply.

PROGRAM LENGTH is 1 year. A \$300 fee will be charged for taking additional TIME TO COMPLETE DROGRAM REQUIREMENTS.

Misc Fees:	
School Shirts: average \$17 Each depending upon size (wholesale	COST TO STUDENTS)
Class Requirements: One Professional Relaxation Massage	
one Deep Tissue Massage	
*CVL RETAIL PRODUCTS: 10% discount (*some restrictions may apply)	
Massage Table/Chair: 10% discount on Earthlite or Custom Cra	Altworks products
Tour  ICOPE Contact Info  Handbook School Policies  Refund Policy Non-discrimination clause	Payment Plan Info Application Received Deposit Received

#### BUYER'S RIGHT TO CANCEL

THE buyer has the right to cancel this agreement until midnight of the sixth (6th) day After this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I certify that I have received a copy of the School's current Handbook, tuition payment schedule, schedule of core curriculum classes and electives, and ICOPE contact information and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.

Buyer Signature 8 17/06

Date

This Institution is regulated by: the Indiana Commission on Propietary Education (ICOPE) 302 West Washington Street, Room 201, Indianapolis, IN 46204 1 (800) 227-5695 or (317) 232-1320

Office Use	Only			
I certify that I have complied with the rules and regulations of the Indiana Commission on Proprietary Education throughout the process of enrolling this student.				
AGREEMENT ACCEPTED by: SIGNED: Janet Landl DATE: 8-17-06	_ Education Director			
Date of Student Registration/Enrollment:	8-17-06			

# Final Refund Acceptance Agreement Continuing Education

STUDENT NAME: Kaiser, Alisia

Student Date of Birth: unknown

Phone: 260-868-5007

Address: PO Box 71

Butler, IN 46721

Registration Date: 3/26/07 Full amount paid: \$225.00

Class cancelled: due to closure

Course Enrolled: Reflexology

Total Hours Completed: \_

0

Total Amount Paid: \$

\$ 225.00

REFUND DUE to STUDENT: \$ 225.0

**ACKNOWLEDGEMENT:** We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. The account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et sea).

CENTER FOR VITAL LIVING

Drint name and date

aut Carroll 7-26-07 STUDENT

Print name and date

Clesia Kaiser

Ausos

Signature

		te	0-07
	ALISIA KAISEN	3200	
ORDER IN	address A Seve	· ·	
	ity, state, zip		
<u>~</u> _			
0 50	old by cash charge shipping information c.o.d. on acct.		
quar		price	
1		price	amount
2	Reflexplogy Class		
3	THE TOLOGY MASS		
4			
+	May 12-13		22519
5			
6	LAID N FULL		and the second second second
7		1	
3			- Fig.
	1 due	he	<del>-  -  -  -  -  -  -  -  -  -  -  -  -  -</del>
,	Refund due close	1	<del>                                     </del>
-	The state of the s		
-		_	
	an Coolagn free lagar free assignment in Augustic vice and		
eived	by		

#### Final Payment / Refund Acceptance Agreement

STUDENT NAME: Kline, Kristen Student Date of Birth: 11/3/87 Phone: 260-782-2420	Address: 2060 N 300 E Wabash, IN 46992
Enrollment Date First Day of Class Last Date Attended Graduation Date	s: d:
Program Enrolled: Diploma: Therapeuti	c Massage and Bodywork (full-time)
Program Completed: closed before starting	g
Price per contact ho Total Hours Complete Total Cost to Student (instructions Book Refund due Stude Retain Enrollment Fee NET Cost to Stude Total Amount Pa  REFUND DUE to STUDEN PAYMENT DUE to SCHOOL	ed: 0
representation of the instructional and account activition the account balance reflects additional payment due consistent with the original enrollment agreement. It student, this document, along with the student record	ty between the STUDENT and CENTER FOR VITAL LIVING. If to the school, the student agrees to pay this amount, f the account balance reflects that a refund is due the d, shall be submitted to the Indiana Commission on NT from the Institutional Surety Bond and/or the Career
CENTER FOR VITAL LIVING	STUDENT
Kristen Kline 8/2/07 Print name and date Carrell 8-6-07	Print name and date  Monthson Kline 8/2/07  Signature

#### ENROLLMENT AGREEMENT

#### Full-Time

ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

NAME: Miska Mine

DATE:

3,31.07

#### Identifiable Information other than student name Redacted from public document

	Handling Fee	Total
The state of the s		7,785.32 + 1,167.75
ange w/price incre	eases beyond our cont	rol

- payments/mo. # 187.00/mo.

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A LATE PAYMENT FEE OF \$25 will be levied for payments made over five (5) days after scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

A \$775 transfer fee will be charged to switch from full-time to part-time status. All other part-time fees will apply.

Program length is 1 year. A \$300 fee will be charged for taking additional time to complete program requirements.

Misc Fees:	
School Shirts: AVERAG	E \$17 EACH DEPENDING UPON SIZE (WHOLESALE COST TO STUDENTS)
Class Requirements:	ONE PROFESSIONAL RELAXATION MASSAGE
	ONE DEED TISSUE MASSAGE
*CVL RETAIL PRODUCTS:	10% discount (*some restrictions may apply)
Massage Table/Chair:	10% discount on Earthlite or Custom Craftworks products
Tour	ICOPE CONTACT INFO PAYMENT PLAN INFO
Handbook	School Policies Application Received
Refund Policy	Non-discrimination clause Deposit Received

#### Buyer's Right to Cancel

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM Classes and electives, and ICOPE contact information and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.

3\_3/-07

Buyer Signature

Date

This Institution is regulated by:
The Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

# Office Use Only I certify that I have complied with the rules and regulations of the Indiana Commission on Proprietary Education throughout the process of enrolling this student. Agreement accepted by: Signed: Jawy Canal Education Director Date: 3-31-07 Date of Student Registration/Enrollment: 3-31-07

#### Final Payment / Refund Acceptance Agreement

STUDENT NAME: Maxson, Jennifer Helen

Student Date of Birth: 3/4/62

Address: 13711 Iyopawa Island

Phone: 517-617-2149

Coldwater, MI 49036

9/6/06 Enrollment Date: First Day of Class: 9/11/06

Last Date Attended: 5/21/07

Graduation Date: 6/10/07

Program Enrolled: AAS: Therapeutic Massage and Bodywork (full-time)

Program Completed: Advanced Diploma: Therapeutic Massage and Bodywork (part-time)

Price per contact hour: \$

9.00

Total Hours Completed:

646

Total Cost to Student (instructional):

5,814.00

Book Refund due Student: \$

Retain Enrollment Fee:

NET Cost to Student: \$ 5,725.02

Total Amount Paid: \$ 7,980.00

REFUND DUE to STUDENT: \$ 2,254.98

PAYMENT DUE to SCHOOL:

ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

**STUDENT** 

Print name and date

8.2.07

Jennifer H Maxson 07/31/07

Print name and date

Siånature

#### ENROLLMENT AGREEMENT

Full-Time - 2 Year Program

Associate of Applied Science in Therapeutic Massage and Bodywork - 1,216 Hr

NAME: TENNIFER H. MAXSON

DATE: 09/06/06

		. 10		1
Id		ormation othe ed from publi	r than student c document	name
Tuition	Books/Materials	Books/Materials	5% Handling Fee	TOTAL
from 12/1/05	1st Year	2nd Year		
\$12,100.00	571.92 (1) \$561.32	\$95.93	(\$605.00)	\$12,757.25+ (+\$605)
	Book fees subject	to change w/price increa	ses beyond our control	
	Payment Sched	ule Option (circli	E): A (B)	C
A \$375 TRAI All other par Program le time to comp	MAY DE LEVIED FOR CH NSFER FEE WILL DE CHAR RT-TIME FEES WILL APPLY	/. \$300 fee will be char	bank. full-time to part-time s eged for taking addition	
Class Requiren	MENTS: ONE PROFESSIC ONE DEED TIS	pending upon size (who nated the land pending upon size (who nated the land pending may appendictions of the land pending pend	•	TS)
Massage Table/			om Craftworks produc	TS .
Tour Handbo Refund	ok S	COPE Contact Info chool Policies on-discrimination claus	Applic	nt Plan Info cation Received sit Received

#### Buyer's Right to Cancel

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it or if it contains blank spaces.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM Classes and electives, and ICOPE CONTACT INFORMATION and Refund policy.

I also certify that I am aware this is a 2 year contractual agreement to fulfill the 1,216 Hr AAS Program requirements. CVL honors the completion of the 859 Hr Program requirements with an Advanced Diploma which allows me to begin my business upon completion of those requirements. Completion of the 805 Hr or 859 Hr Program requirements does not fulfill the requirements of this agreement.

My signature certifies that I am in agreement to the terms set forth in this agreement.

(MY Jouloen)	09/06/06	
BUYER SIGNATURE	DATE	

This Institution is regulated by:
The Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

Office Use	Only
I certify that I have complied with the Indiana Commission on Proprietary Edprocess of enrolling this student.	
AGREEMENT ACCEPTED by: SIGNED: Janet Carroll Date: 9-6-06	_ Education Director
Date of Student Registration/Enrollment:	9-6-06

11/9/05

#### Final Payment / Refund Acceptance Agreement

STUDENT NAME: McGill, Sandra L. Student Date of Birth: 12/15/53 Address: 3065 E SR 114-92 Phone: 260-672-8742 Roanoke, IN 46783 Enrollment Date: 3/28/07 First Day of Class: Last Date Attended: Graduation Date: Program Enrolled: AAS: Therapeutic Massage and Bodywork (full-time) Program Completed: closed before starting Price per contact hour: Total Hours Completed: Total Cost to Student (instructional): Book Refund due Student: Retain Enrollment Fee: **NET Cost to Student:** Total Amount Paid: \$ 315.00 REFUND DUE to STUDENT: \$ 315.00 PAYMENT DUE to SCHOOL: ACKNOWLEDGEMENT: We, the undersigned, agree and acknowledge that the above record is an accurate

**ACKNOWLEDGEMENT:** We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

Print name and date

7.24.07

**STUDENT** 

Sandra L. McGill 07/21/07
Print name and date
Sandra J. McDiel

Sighature

#### ENROLLMENT AGREEMENT

Full-Time - 2 Year Program

Associate of Applied Science in Therapeutic Massage and Bodywork - 1,216 Hr

NAME: Sandra L. McGill DATE: March 28, 2007

#### Identifiable Information other than student name Reducted from public document

Tuition	Books/Materials	Books/Materials	15% Handling Fee	TOTAL T+H		
	1st Year	2nd Year				
_		_		\$12,100.00+		
\$12,100.00	\$561.32	\$95.93	(\$1,815.00)	(+\$1815)=\$13,915		
Book fees subject to change w/price increases beyond our control						
Payment Schedule: \$290/mo x 48 months						

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25 will be levied for payments made over five (5) days after scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. All other part-time fees will apply.

PROGRAM LENGTH IS 2 YEARS. A \$300 FEE WILL BE CHARGED FOR TAKING ADDITIONAL TIME TO COMPLETE PROGRAM REQUIREMENTS.

Misc Fees:		
School Shirts: AVERAG	e \$17 each depending upon size (wholesa	le cost to students)
Class Requirements:	ONE PROFESSIONAL RELAXATION MASSAGE	
	ONE DEED TISSUE MASSAGE	
*CVL RETAIL PRODUCTS:	10% discount (*some restrictions may apply)	
•	10% discount on Earthlite or Custom C	raftworks products
Tour Handbook Refund Policy	ICOPE Contact Info School Policies Non-discrimination clause	Payment Plan Info Application Received Deposit Received

#### Buyer's Right to Cancel

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it or if it contains blank spaces.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

I also certify that I am aware this is a 2 year contractual agreement to fulfill the 1,216 Hr AAS Program requirements. CVL honors the completion of the 859 Hr Program requirements with an Advanced Diploma which allows me to begin my business upon completion of those requirements. Completion of the 805 Hr or 859 Hr Program requirements does not fulfill the requirements of this agreement.

My signature certifies that I am in agreement to the terms set forth in this agreement.

Buyer Signature Date Date

This Institution is regulated by: the Indiana Commission on Propietary Education (ICOPE) 302 West Washington Street, Room 201, Indianapolis, IN 46204 1 (800) 227-5695 or (317) 232-1320

Office Use Only

# I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT.

AGREEMENT ACCEPTED by:

Signed: Jawl Carall Education Director

Date: 3-28-07

Date of Student Registration/Enrollment: 3-28-07

12/1/05

#### Final Payment / Refund Acceptance Agreement

Address: 1120 N Arbutus Trail

Warsaw, IN 46580

STUDENT NAME: Navarro, Delia

Phone: 574-267-7765

Student Date of Birth: 4/29/67

	ollment Date:	3/14/07		
	Day of Class:			
	ate Attended:			
Grad	duation Date:			
Program Enrolled: AAS: The	erapeutic Massa	ge and Bodywo	rk (part-time)	
Program Completed: closed be	efore starting			
Price pe	r contact hour:	•		
Total Hou	urs Completed:	0	•	
Total Cost to Student	(instructional):			
	d due Student:			
	rollment Fee:			
	ost to Student:			
Tota	I Amount Paid:	\$ 320.00		
REFUND DU	E to STUDENT:	\$ 320.00		
PAYMENT DI	UE to SCHOOL:		t,	
**************************************				ý
the account balance reflects additional promises the consistent with the original enrollment a student, this document, along with the substructure of the confectory Education as CLAIM FOR REFLORING STUDENT ASSURANCE FUND, as allowed the confectory of the confector of the confec	agreement. If the student record, si FUND PAYMENT fo	e account balance hall be submitted rom the Institution	reflects that a r to the Indiana C nal Surety Bond	efund is due the Commission on
ay in a garage garage and a garage garage garage garage garage garage garage and an analysis and a same and as				
CENTER FOR VITAL LIVING		STUDENT		
Janet Carroll		DELI'A NA	varro (	07-19-07
Print name and date		Print name and	dațe	
7-24-07		Dean	aran	S S S S S S S S S S S S S S S S S S S
•		Signature		RECEIVED
·			5	JUL 3 0 2007
				INDIANA COMMISSION ON PROPRIETARY EDUCATION
	•			PROPRIETARY EDUCATION

#### CENTER FOR VITAL LIVING SCHOOL OF MASSAGE THERAPY BOOKS DO Q 6109 W. Jefferson Blvd, Fort Wayne, IN 46804 (260) 436-8807 enrolled by MAR 30th

ENROLLMENT AGREEMENT ON CHISIDLE FOR \$ 1000

Part-Time - 3 Year Program

Scholastif drowing

Application Received

Deposit Received

NAME: Delia Wavarro		rro	DATE: 03-14-07		
I				than studer document	nt name
Tuition	Books/Materials	Books/Materials	Books/Materials	5% HANDLING FEE	Total
from 12/1/05	1st Year	2nd Year	3rd Year		
\$12,320.00	\$246.24	\$315.08	\$95.93	(\$616.00)	\$12,977.25 (+\$616.00)
	Book fees	subject to change v	w/price increases be	yond our control	
	PAYMENT S	Schedule Opti	ion (circle):	A B (C	
Heduled par A \$25 fee Program	yment date.	or checks returned as. A \$300 fee v	PAYMENTS MAGE O	pproved by Center over five (5) days af for taking addition	Thirties
	MENTS: ONE PRO	H depending upo fessional Relaxatio ep Tissue Massage	•	COST TO STUDENTS)	

#### Buyer's Right to Cancel

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day After this agreement is signed by buyer and the buyer is accepted by the School.

Non-discrimination clause

NOTICE OF CANCELLATION OR WITHDRAWAL MUST BE MADE IN WRITING TO THE Education Director at the above address.

- 1. Do not sign this agreement before you read it or if it contains blank spaces.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM Classes and electives, and ICOPE contact information and refund policy.

I Also CERTIFY THAT I AM AWARE THIS IS A 3 YEAR CONTRACTUAL AGREEMENT TO FULFILL THE 1,216 HR AAS PROGRAM REQUIREMENTS. CVL HONORS THE COMPLETION OF THE 859 HR PROGRAM REQUIREMENTS WITH AN Advanced Diploma which allows me to begin my business upon completion of those requirements. Completion of the 805 Hr or 859 Hr Program requirements does not fulfill the requirements of this agreement.

My signature certifies that I am in agreement to the terms set forth in this agreement.

Delmaround	03-02-07	
BUYER SIGNATURE	Date	•

11/9/05

This Institution is regulated by:
the Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

Office Use	Only
I certify that I have complied with the Indiana Commission on Proprietary Ed process of enrolling this student.	•
Agreement accepted by:	
Signed: Janet Carroll	Education Director
DATE: 3-14-07	
Date of Student Registration/Enrollment:	3-14-07

#### Final Payment / Refund Acceptance Agreement

Student Date of Birth: 4/21/79 Phone: 419-542-6946	Address: 7040 Cicero Rd Hicksville, OH 43526
Enrollment Date: First Day of Class: Last Date Attended: Graduation Date:	7/28/06
Program Enrolled: Advanced Diploma: The	erapeutic Massage and Bodywork (part-time)
Program Completed: closed before starting	
Price per contact hour: Total Hours Completed: Total Cost to Student (instructional): Book Refund due Student: Retain Enrollment Fee: NET Cost to Student: Total Amount Paid:  REFUND DUE to STUDENT: PAYMENT DUE to SCHOOL:	\$ 100.00 per Commissioner Weber \$ 603.00 \$ 503.00
CKNOWLEDGEMENT: We, the undersigned, agree are presentation of the instructional and account activity to the account balance reflects additional payment due to possistent with the original enrollment agreement. If the tudent, this document, along with the student record, are proprietary Education as CLAIM FOR REFUND PAYMENT college Student Assurance Fund, as allowable under Inc.	between the STUDENT and CENTER FOR VITAL LIVING. to the school, the student agrees to pay this amount, he account balance reflects that a refund is due the shall be submitted to the Indiana Commission on from the Institutional Surety Bond and/or the Career

Print name and date
7-26-07

**CENTER FOR VITAL LIVING** 

Print name and date

STUDENT

amanda Ross

#### ENROLLMENT AGREEMENT

#### Part - Time ADVANCED DIPLOMA in Therapeutic Massage and Bodywork - 859 Hr

NAME: HY	<u>nandol Ros</u>	S	DATE:	7-28.06	2
Ad   Ci   Identifiable Information other than student name   Redacted from public document					
Tuition	Books/Materials	Books/Materials	5% Ha	ndling Fee	Total
from 12/1/05	1st Year	2nd Year			
\$8,005.00	\$246.24	\$309.78	(\$4	100.25)	\$8,566.32 (+\$400.25)
	Book fees subject	to change w/price increa	ises beyond	our control	
	PAYMENT SCHED	ule Option (circle	E): A	В	
Living Administration.  A late payment fee of \$25 will be levied for payments made over five (5) days after scheduled payment date.  A \$25 fee may be levied for checks returned by the bank.  Program length is 2 years. A \$300 fee will be charged for taking additional time to complete program requirements.					
Misc Fees: School Shirts: average \$17 each depending upon size (wholesale cost to students) Class Requirements: one Professional Relaxation Massage one Deep Tissue Massage *CVL Retail Products: 10% discount (*some restrictions may apply) Massage Table/Chair: 10% discount on Earthlite or Custom Craftworks products					
Tour Handbo Refund		ICOPE Contact Info School Policies Non-discrimination cl	lause	Application	it Plan Info ation Received t Received

#### BUYER'S RIGHT TO CANCEL

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM CLASSES AND ELECTIVES, AND ICOPE CONTACT INFORMATION AND REFUND POLICY.

This Institution is regulated by: the Indiana Commission on Propietary Education (ICOPE) 302 West Washington Street, Room 201, Indianapolis, IN 46204 1 (800) 227-5695 or (317) 232-1320

# Office Use Only I certify that I have complied with the rules and regulations of the Indiana Commission on Proprietary Education throughout the process of enrolling this student. Agreement accepted by: Signed: Jawel Canal Education Director Date: 7-31-06 Date of Student Registration/Enrollment: 7-31-06

#### **Final Payment / Refund Acceptance Agreement**

Student Date of Birth: 4 Phone: 2		Address:	1805 Folsom Lane Fort Wayne, IN 46815
	Enrollment Date: First Day of Class: Last Date Attended: Graduation Date:	3/28/07	
Program Enrolled: A	AS: Therapeutic Massa	ge and Bodywo	ork (full-time)
Program Completed: cl	losed before starting		
Total Cost to S	Price per contact hour: otal Hours Completed: student (instructional): k Refund due Student: Other: NET Cost to Student: Total Amount Paid:	\$ -	
REFL	JND DUE to STUDENT:	\$ 315.00	•
PAYN	MENT DUE to SCHOOL:		<u>.</u>

**ACKNOWLEDGEMENT:** We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING	STUDENT
Janet Carroll	Dawn Shoppell 7-18-07
	Print name and date
7-20-07 PHACE DELETE PROCESSIO	Dawn Shopell
	Signature / /
	<u> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2</u>
사회에 살아보다 이 기계를 되었다.	Comment of the Commen

#### ENROLLMENT AGREEMENT

Full-Time - 2 Year Program

Associate of Applied Science in Therapeutic Massage and Bodywork - 1,216 Hr

NAME: T	sawn Shoppell	DATE: 3.2807	
A C L L C L C L C L C L C L C L C L C L		ion other than student name on public document	

Tuition	Books/Materials	Books/Materials	15% Handling Fee	TOTAL T+H
	IST YEAR	2nd Year	<del></del>	
\$12,100.00	\$561.32	\$95.93	(\$1,815.00)	\$12,100.00+ (+\$1815)=\$13,915
	Book fees subject	to change w/price incre	ases beyond our control -	
Payment Schedule: \$290/mo x 48 months				

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25 will be levied for payments made over five (5) days after scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

A \$775 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. All OTHER PART-TIME FEES WILL APPLY.

Program length is 2 years. A \$300 fee will be charged for taking additional time to complete program requirements.

Misc Fees:		
School Shirts: AVERAGE	\$17 each depending upon size (wholesa	le cost to students)
	NE PROFESSIONAL RELAXATION MASSAGE	
	ONE DEED TISSUE MASSAGE	
*CVL RETAIL PRODUCTS: 1	0% discount (*some restrictions may apply)	
MASSAGE TAble/CHAIR: 10	0% discount on Earthlite or Custom C	raftworks products
Tour	ICOPE CONTACT INFO	PAYMENT Plan Info
Handbook	School Policies	Application Received
/ Refund Policy	Non-discrimination clause	DEDOSIT RECEIVED

#### Buyer's Right to Cancel

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

Notice of cancellation or withdrawal must be made in writing to the Education Director at the above address.

Book fees paid by CVL if enrolled by march 30th 2007.

50

- 1. Do not sign this agreement before you read it or if it contains blank spaces.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM Classes and electives, and ICOPE contact information and refund policy.

I also certify that I am aware this is a 2 year contractual agreement to fulfill the 1,216 Hr AAS Program requirements. CVL honors the completion of the 859 Hr Program requirements with an Advanced Diploma which allows me to begin my business upon completion of those requirements. Completion of the 805 Hr or 859 Hr Program requirements does not fulfill the requirements of this agreement.

My signature certifies that I am in agreement to the terms set forth in this agreement.

Vaun Shappell	3.28.07
Buyer Signature	Date

This Institution is regulated by: the Indiana Commission on Propietary Education (ICOPE) 302 West Washington Street, Room 201, Indianapolis, IN 46204 1 (800) 227-5695 or (317) 232-1320

# Office Use Only I certify that I have complied with the rules and regulations of the Indiana Commission on Proprietary Education throughout the process of enrolling this student. Agreement accepted by: Signed: Janual Canal Education Director

DATE of Student Registration/Enrollment:

3-28-07

12/1/05

#### Final Payment / Refund Acceptance Agreement

STUDENT NAME: Snidle, Robin Freedom

512 S. Guilford

Student Date of Birth: 7/21/71

Address:

**S**t

Phone: 260-357-0180

Garrett, IN 46738

Enrollment Date: 8/12/06 First Day of Class: 9/11/06 Last Date Attended: 5/21/07 Graduation Date: 6/10/07

Program Enrolled: AAS: Therapeutic Massage and Bodywork (part-time)

Program Completed: Advanced Diploma: Therapeutic Massage and Bodywork (full-time)

Price per contact hour: \$ 9.06

Total Hours Completed: 619

Total Cost to Student (instructional): \$ 5,608.14

Book Refund due Student: \$ 88.98

Retain Enrollment Fee:

NET Cost to Student: \$ 5,519.16

Total Amount Paid: \$ 5,734.00

RECEIVED

JUL 3 0 2007

INDIANA COMMISSION ON PROPRIETARY EDUCATION

7/24/07

REFUND DUE to STUDENT: \$ 214.84

PAYMENT DUE to SCHOOL:

**ACKNOWLEDGEMENT:** We, the undersigned, agree and acknowledge that the above record is an accurate representation of the instructional and account activity between the STUDENT and CENTER FOR VITAL LIVING. If the account balance reflects additional payment due to the school, the student agrees to pay this amount, consistent with the original enrollment agreement. If the account balance reflects that a refund is due the student, this document, along with the student record, shall be submitted to the Indiana Commission on Proprietary Education as CLAIM FOR REFUND PAYMENT from the Institutional Surety Bond and/or the Career College Student Assurance Fund, as allowable under Indiana Law (IC 20-12-76 et seq).

CENTER FOR VITAL LIVING

Nutra company data

Print name and date

7-24-07

**STUDENT** 

Print name and date

Signature

#### ENROLLMENT AGREEMENT

Full-Time - 2 Year Program

Associate of Applied Science in Therapeutic Massage and Bodywork ~ 1,216 Hr

obin treedom Snidle DATE: 8/12/06

#### Identifiable Information other than student name Redacted from public document

(DM

Tultion	Books/Materials	Books/Materials	5% Handling Fee	Total
	1st Year	2nd Year		
\$12,100.00	<b>\$56</b> 1.32	<b>\$</b> 95.93	(\$605.00)	\$12,757.25+ (+\$605)
Most fees subject to change w/price increases beyond our control				

~ WIE PRINCEDT SCHEETULF WOTION LIGIBELF !: AVEN IIVBILL

scheduled payment date.

A \$25 fee may be levted for checks returned by the bank.

A \$375 TRANSFER FEE WILL BE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. All other part-time fees will apply.

Program length is 2 years. A \$300 fee will be charged for taking additional TIME TO COMPLETE PROGRAM REQUIREMENTS.

MISC FEES:		
School Shirts: average	\$17 each depending upon size (wholesal	E COST TO STUDENTS)
Class Requirements: 0	NE Professional Relaxation Massage	•
	ONE DEED TISSUE MASSAGE	
*CVL RETAIL PRODUCTS: 10	0% discount ("some restrictions may apply)	
	196 discount on Earthlite or Custom Cr	raftworks products
1	/ loops a	
JOUR	ICOPE CONTACT INFO	Payment Plan Info
Handbook	School Policies	Application Received
Refund Policy	C-Non-discrimination clause	DEDOSIT RECEIVED

#### BUYER'S RIGHT TO CANCEL

THE DUYER HAS THE RIGHT TO CANCEL THIS AGREEMENT UNTIL MIDNIGHT OF THE SIXTH (6TH) DAY After this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it or if it contains blank spaces.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer OR HIS SUCCESSORS IN INTEREST ARISING UNDER THIS AGREEMENT.
- 5. This agreement and the School handbook constitute the entire agreement between the buyer and the School
- 6. I understand that this contract is between the buyer and the School. All information is CONTIDENTIAL AND THE SCHOOL IS UNABLE TO DISCUSS ANY INFORMATION WITH A PARENT, SPOUSE, EMPLOYER ETC.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTITY THAT I HAVE RECEIVED A CODY OF THE SCHOOL'S CURRENT HANDDOOK, TUITION DAYMENT schedule, schedule of core curriculum classes and electives, and ICOPE contact information and refund policy.

I ALSO CERTIFY THAT I AM AWARE THIS IS A 2 YEAR CONTRACTUAL AGREEMENT TO FULFILL THE 1,216 HR AAS PROGRAM REQUIREMENTS. CVL HONORS THE COMPLETION OF THE 859 HR PROGRAM REQUIREMENTS WITH AN Advanced Diploma which allows me to begin my business upon completion of those REQUIREMENTS. COMPLETION OF THE 805 HR OR 859 HR PROGRAM REQUIREMENTS does not fulfill THE REQUIREMENTS OF THIS AGREEMENT.

MY SIGNATURE CERTIFIES THAT I AM IN AGREEMENT TO THE TERMS SET FORTH IN THIS AGREEMENT.

This institution is regulated by: THE INDIANA COMMISSION ON PROPIETARY Education (ICOPE) 302 West Washington Street, Room 201, Indianapolis, IN 46204 1 (800) 227-5695 OR (317) 232-1320

#### Office USE ONLY

I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF

THE INCLINA COMMISSION ON PROPRIETARY E PROCESS OF ENROLLING THIS STUDENT.	ducation throughout the
AGREEMENT ACCEPTED by:	· · · · · · · · · · · · · · · · · · ·
Signed: Janet Carroll	Education Director
DATE: 8 - 12-06	
Date of Student Registration/Enrollment:	8-12-06

#### **Final Payment / Refund Acceptance Agreement**

STUDENT NAME: Wolfe, Diana Sue Student Date of Birth: 8/22/75 Phone: 260-827-0979 260-273-9897 Enrollment Date: First Day of Class: Last Date Attended: Graduation Date:	1424 W. Central Ave Address: 433 Cedar Rd Bluffton IN 46714 1/2/07 1/7/07 4/23/07
Program Enrolled: Diploma: Therapeutic M	lassage and Bodywork (full-time)
Program Completed: closed before finished	
Price per contact hour: Total Hours Completed: Total Cost to Student (instructional): Book Refund due Student: Retain Enrollment Fee: NET Cost to Student: Total Amount Paid:  REFUND DUE to STUDENT: PAYMENT DUE to SCHOOL:	\$ 400.00 \$ 2,137.62 includes application
ACKNOWLEDGEMENT: We, the undersigned, agree and representation of the instructional and account activity be the account balance reflects additional payment due to the consistent with the original enrollment agreement. If the student, this document, along with the student record, so Proprietary Education as CLAIM FOR REFUND PAYMENT for College Student Assurance Fund, as allowable under Indi	etween the STUDENT and CENTER FOR VITAL LIVING. If the school, the student agrees to pay this amount, account balance reflects that a refund is due the hall be submitted to the Indiana Commission on from the Institutional Surety Bond and/or the Career
CENTER FOR VITAL LIVING	STUDENT
Janet Carroll 8-11-07	Diana Wolfe
	Print name and <b>date</b>
	Print name and date  Wolfe Signature

#### ENROLLMENT AGREEMENT

# F u l l - T i m e DIPLOMA in Therapeutic Massage and Bodywork - 805 Hr

NAME: Diana S. Wolfe

State of the

DATE: 01/02/07

#### Identifiable Information other than student name Redacted from public document

L	Tuition	Books/Materials	Handling Fee 15%	Total	
	\$7,245.00	\$511.60	\$ 1,086.75	98,331.75 + 511,60-Boo	48 Parments of \$ 174.00
	Book fees subject to change w/price increases beyond our control				Dec month.
	PAYMENT SO	Hedule Option (circ	C <b>le):</b> A $(B)$ (12mo 24mo	36мо (48мо)	

Any other payment arrangements must be documented and approved by Center for Vital Living Administration.

A late payment fee of \$25 will be levied for payments made over five (5) days after the scheduled payment date.

A \$25 fee may be levied for checks returned by the bank.

A \$375 TRANSFER FEE WILL DE CHARGED TO SWITCH FROM FULL-TIME TO PART-TIME STATUS. All other part-time fees will apply.

PROGRAM LENGTH IS 1 YEAR. A \$300 fee will be charged for taking additional time to complete program requirements.

Misc Fees:
School Shirts: average \$17 each depending upon size (wholesale cost to students) Class Requirements: one Professional Relaxation Massage one Deep Tissue Massage
*CVL RETAIL PRODUCTS: 10% discount ('some restrictions may apply)  MASSAGE, TABLE/CHAIR: 10% discount on Earthlite or Custom Craftworks products
Tour ICOPE Contact Info Payment Plan Info Handbook School Policies Application Received Refund Policy Non-discrimination clause Deposit Received

#### BUYER'S RIGHT TO CANCEL

The buyer has the right to cancel this agreement until midnight of the sixth (6th) day after this agreement is signed by buyer and the buyer is accepted by the School.

- 1. Do not sign this agreement before you read it.
- 2. This is a legal instrument. Read the entire document thoroughly before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. Every assignee of the agreement takes it subject to all claims and defenses of the buyer or his successors in interest arising under this agreement.
- 5. This agreement and the School Handbook constitute the entire agreement between the buyer and the School.
- 6. I understand that this contract is between the buyer and the School. All information is confidential and the School is unable to discuss any information with a parent, spouse, employer etc.
- 7. I understand that the buyer will be held responsible for all legal fees incurred as a result of the buyer's non-payment of this contract or state mandated refund policy.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE SCHOOL'S CURRENT HANDBOOK, TUITION PAYMENT SCHEDULE, SCHEDULE OF CORE CURRICULUM Classes and electives, and ICOPE contact information and refund policy.

My signature certifies that I am in agreement to the terms set forth in this agreement.

BUYER SIGNATURE DATE

This Institution is regulated by:
The Indiana Commission on Propietary Education (ICOPE)
302 West Washington Street, Room 201, Indianapolis, IN 46204
1 (800) 227-5695 or (317) 232-1320

# Office Use Only I CERTIFY THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS OF THE INDIANA COMMISSION ON PROPRIETARY EDUCATION THROUGHOUT THE PROCESS OF ENROLLING THIS STUDENT. AGREEMENT ACCEPTED by: SIGNED Author Complied with the Rules and Regulations of The Indiana Complied with the Registration Proprietary Education Throughout The Process of Enrolling This student. AGREEMENT ACCEPTED by: Date of Student Registration/Enrollment: 1-2-07